

Qualification Detail:-

SHRI AGRASEN KANYA MAHAVIDHYALAYA

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(Affiliated with Maharaja Surajmal Brij University, Bharatpur)

APPLICATION FORM Post Applied For..... Personal Detail:-Full Name Of Applicant:-.... Affix Currently Father's Name :-**Passport Size** Mother's Name :-**Photo DOB**:- Gender Caste...... Aadhar Card No.:-Address :-..... City......District..... State.....Pin Code....

Oualificat Name of Board/ **Subject Passing Obtained** Total Percen ion University Year Marks/ Marks tage/ Awarded **CGPA** 10th 12th U.G. P.G. **NET/SET** Ph.D. M. Lib. M.P.Ed. **Others**

Research I	xperience ((UGC Listed)) :-
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S. No.	Name Of Publication	Year	ISSN/ISBN No.
1.			
2.			
3.			
4.			
5.			

Working Experience Detail:-

S. No.	Name of Institute with Designation	Total Experience
1.		
2.		
3.		
4.		
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Declaration:

HEREBY DECLARE THAT I HAVE GONE TROUGH THE ELIGIBILITY CRITERIA FOR THE POST(S) APPLIED FOR AND MEET ALL THE REQUIREMENTS THERE IN, THAT ALL THE DETAILS FURNISHED BY ME IN THE APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE & BELIEF AND NOTHING HAS BEEN CONCEALED OR SUPPRESSED.

Date :-	
Place:-	Signature Of Applicant