

Sl.No. ....

(To be filled by Office)

**DR. SHAKUNTALA MISRA NATIONAL REHABILITATION UNIVERSITY, LUCKNOW**  
(For Teaching Posts On Contractual Basis)

Affix your  
recent  
Passport size  
photograph  
here

For office use only : Date of receipt of application :

(i) POST APPLIED FOR \_\_\_\_\_

Specialization, if any \_\_\_\_\_

(ii) DETAILS OF FEE PAID : - ₹ 2000/- (GEN/OBC), ₹ 1000/- (SC/ST/Physically Challenged)

1- Demand Draft ( )

DD: In favour of **Finance Officer, Dr. Shakuntala Misra Rehabilitation University,**  
Payable at : **Lucknow**

\_\_\_\_\_  
(Name of the Issuing Bank)      \_\_\_\_\_ (RTGS/NEFT/D.D.No.)      \_\_\_\_\_ (Date)      \_\_\_\_\_ (Amount)

**IMPORTANT : USE ONLY BLOCK LETTERS TO FILL THIS PAGE**

- 1. FULL NAME** : \_\_\_\_\_  
(As recorded in the Matriculation or equivalent certificate) (First Name) (Middle Name) (Surname)
- 2. PRESENT POSTAL ADDRESS** : .....  
.....  
WITH TELEPHONE/MOBILE No. /E-mail : .....  
: .....
- 3. PERMANENT POSTAL ADDRESS** : .....  
WITH TELEPHONE/MOBILE No. : .....  
: .....
- 4. FATHER'S NAME** : .....  
(As recorded in the Matriculation or equivalent certificate)
- 5. MOTHER'S NAME** : .....
- 6. SEX** : MALE/FEMALE (Strike-off whichever is not applicable)
- 7. MARITAL STATUS** : MARRIED/SINGLE (Strike off whichever is not applicable)
- 8. DATE OF BIRTH** : \_\_\_\_\_  
(As recorded in the Matriculation or equivalent certificate) (Date) (Month) (Year)
- 9. PLACE OF BIRTH** : \_\_\_\_\_  
(District) (State) (Country)
- 10. ORIGINALLY RESIDENT OF** : .....
- 11. NATIONALITY** : .....
- 12. WHETHER BELONGS TO SCHEDULED CASTE/TRIBE/ OTHER BACKWARD CLASS** : YES/NO (Strike off whichever is not applicable)  
: Category : Gen / SC / ST / OBC
- 13. DISABILITY (PHYSICALLY HANDICAPPED)** : YES/NO (Strike off whichever is not applicable)  
IF YES, NATURE OF DISABILITY : 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_
- 14. CANDIDATE'S MOTHER TONGUE** : .....

**15. EDUCATIONAL/PROFESSIONAL QUALIFICATION :**

S.N.	EXAMINATION	YEAR OF PASSING	NAME OF THE INSTITUTION	NAME OF THE UNIV./ BOARD	DIVISION	SUBJECT (S)	MARKS OBTAINED & %	DISTINCTION (if any)
1.	Matriculation/High School /Senior Cambridge / I.C.S.E./C.B.S.E. or equivalent examination							
2.	Intermediate/I.S.C. or equivalent examination							
3.	BPO/BASLP/B.Sc Or equivalent examination							
4.	MPO/M.ASLP/M.Sc or equivalent examination							
5.	Ph.D./D.Phil.							
6.	ANY OTHER QUALIFICATION							

**N.B. :** *Strike off alternatives, which do not apply in your case.*

*\* In case of Grading (CGPA) System, calculate equivalent percent and fill in the relevant column. Also, enclose conversion formula certified by the concerned academic institution.*

**18. RESEARCH PUBLICATIONS** : .....

(Give the subject/topics of the paper published together with the name of journals. Reprints of all papers stated here should be enclosed with the application) .....

(Please attach separate sheet, if necessary)

**19. APPOINTMENTS (if any) SO FAR HELD** : .....

(Specify relevant post-qualification experience only)

SL.N	Nature of Post	Date of Joining	Date of Leaving	Basic Salary Last Drawn	Reasons for Leaving the Post	Name and Address of Employer

**20. LIST OF SELF ATTESTED TESTIMONIALS ATTACHED HEREWITH**

(Originals to be produced at the time of interview)

- (i) .....
- (ii) .....
- (iii).....
- (iv) .....
- (v) .....
- (vi) .....
- (vii) .....
- (viii) .....

- (ix) .....
- (x) .....
- (xi) .....
- (xii) .....
- (xiii) .....
- (xiv) .....
- (xv) .....

Total Number of above self attested testimonials attached \_\_\_\_\_ (in words) \_\_\_\_\_

**N.B. : Applications without the above self attested testimonials (applicable to the candidate) will not be entertained.**

**DECLARATION**

I, \_\_\_\_\_ son of \_\_\_\_\_ hereby declare that all statements and entries made in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect or ineligibility being detected before or after the Selection Committee and Executive Council meetings, my candidature / appointment may be cancelled by the University.

Dated : \_\_\_\_\_

Place : \_\_\_\_\_

.....  
Signature of the Candidate\*

.....  
\*Name as signed (in BLOCK LETTERS)  
\* Application not signed by the candidate  
is liable to be rejected.