

Application Form for Documentation Officer

State whether the application is Original / Advance Copy



Advanced Centre for Research in High Energy Materials
University of Hyderabad
Central University P.O., Gachibowli,
Hyderabad - 500 046 (Telangana), India.

Advt. No. UH/ACRHEM/RECTT dated 31.05.2021

Registration Number
(For Office use only)

Paste your
recent passport size
photograph here

(1) Bank payment details :

DD Number	Date	Amount	Name of the Bank	DD issuing Branch's Name

(2) Name of the post applied for

Personal details :

Sl.No.	Particulars	Sl.No. of proof enclosed												
(3)	Candidate's full name (including Surname / Family name) (in Capital Letters)													
(4)	Date of birth <table border="1" style="display: inline-table; border-collapse: collapse; margin-left: 10px;"> <tr> <th style="width: 10%;">Day</th> <th style="width: 10%;">Month</th> <th style="width: 10%;">Year</th> <th style="width: 10%;">Age as on 30.07.2021:</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td colspan="4" style="text-align: center;">dd/mm/yy</td> </tr> </table>	Day	Month	Year	Age as on 30.07.2021:					dd/mm/yy				
Day	Month	Year	Age as on 30.07.2021:											
dd/mm/yy														
(5)	Father's name													
(6)	Nationality													
(7)	Gender (Male / Female/TG)													
(8)	Community (SC/ ST/OBC/PWD/EWS/General)													

(9) If the Applicant is physically disabled person, the relevant particulars may please be mentioned :

If applicable,
write 'yes'

Percentage of
disability

Sl.No. of
proof
enclosed

(a) Blindness or low vision :

(b) Hearing impairment

(c) Locomotor disability or cerebral palsy

(Includes all cases of Orthopedically handicapped)

(10). Educational Qualifications (the applicants may attach separate sheet if required)

	Name of the Course passed / Main subject	Name of the Board / University	Month & Year passed	Class	% of Marks	CGPA (if grading is applicable)	Subjects studied	Sl.No. of proof enclosed
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
SSC / 10 th Class or Equivalent								
Intermediate / equivalent								
Bachelor's degree								
Master's degree								
If any..								

11. Experience (Including present position/employment)

Designation & scale of pay	University / Institution	Period of Experience			Basic Pay (Rs.)	Pay Scale (Rs.)	Gross Pay / Total Salary p.m.(Rs.)	Nature of work/ duties being performed	Sl.No. of proof enclosed
		From date	To date	No. of years / Months/days As on 30.07.2021 (Convert 12 months into 1 year, 30 days into 1 month)					
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)

12) Names & complete postal addresses of 2 referees :	
Referee-1	Referee-2
Email:	Email:
Phone with STD Code:	Phone with STD code:
Mobile Ph:	Mobile Ph:

13) Candidate's Name & Address for correspondence :		
	Mailing address	Permanent address
Name		
Address with PIN CODE		
Email:		
Phone No. (with STD code)		
Mobile No.		

(14) Declaration

I hereby declare that all the entries made by me in this application are true to the best of my knowledge and belief. If anything is found false at any stage, my candidature may be cancelled without assigning any reason thereof.

Date : _____ **Signature of the applicant**

(15) Endorsement by the Employer

(The endorsement below is to be signed and forwarded by the Head of the Department / Employer of the organization / institution in the case of the in-service candidate whether in Regular/Deputation/Contract capacity)

Forwarded to the ACRHEM, UoH:

The applicant Dr./Mr./Mrs./Ms. _____,
who has submitted this application for the post of _____ in the ACRHEM, University of
Hyderabad, has been working in this organization namely _____ in the post of
_____ in a regular / deputation / contract capacity with effect from _____ in the Pay
Level of Rs._____. He / She is drawing a basic pay of Rs. _____. His / Her next increment is
due on _____.

Further, it is certified that no disciplinary / vigilance case has ever been held or contemplated or is pending
against the said applicant. There is no objection for his/her application being considered by the ACRHEM, University
of Hyderabad.

→

(Signature of the forwarding officer)

Name: _____

SEAL

Designation: _____

Place : _____

Date : _____