



**Institute of Ayurvedic Pharmaceutical Sciences**  
**Gujarat Ayurved University, Jamnagar**  
**Gujarat - 361 008**

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(To be filled in by the Candidate)

Photograph  
self attested

Application for the Post of : \_\_\_\_\_

Advertisement Reference & Date : \_\_\_\_\_

[1] (A) Name in full (in Block Capitals- Surname First)

Shri/Smt./Kum. : \_\_\_\_\_

(B) Maiden Name /  
Changed Name : \_\_\_\_\_  
(If any)

(To be supported with Government Gazette Notification)

Phone No. : \_\_\_\_\_ Mobile : \_\_\_\_\_

E-mail : \_\_\_\_\_ Fax No.: \_\_\_\_\_

[2] Full Address (in Block Capitals)

(1) Present : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(2) Permanent : \_\_\_\_\_  
address \_\_\_\_\_

\_\_\_\_\_

Details of residence with complete address for the last five years.

[3] Nationality : \_\_\_\_\_

[4] Date of Birth : \_\_\_\_\_ Age : \_\_\_\_\_ years.  
( To be supported with a copy of S.S.C. Certificate)

[5] Sex (M / F) : \_\_\_\_\_

[6] Do you belong to a Scheduled Caste or  
Scheduled Tribe ? : \_\_\_\_\_

(If Yes, attach a certificate from an Executive Magistrate or a Social Welfare Officer supported by caste / tribe validity certificate )

[7] Do you belong to Socially &  
Educationally Back-ward Class/OBC ? : \_\_\_\_\_

(If so, attach a certificate from the competent authority with caste validity certificate for socially back ward class and non creamy layer certificate)

[8] Father's full Name

( Surname First ) : \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Occupation : \_\_\_\_\_  
(if dead, state the last address and occupation before death)

[9] (A) Are you Married ? : \_\_\_\_\_

(B) Name of Wife / Husband : \_\_\_\_\_

[10] Registration No. of Council / : \_\_\_\_\_  
Board (If applicable)

[11] Languages known & mother tongue :

Name of the Language	State whether you can			
	Read	Speak	Write	Exam. Passed

[12] **QUALIFICATIONS** :

Particulars of examinations passed, in chronological order from S.S.C. or equivalent exam.

Note :- Self attested true copies to be attached.

Board, University etc.	Name of Examination or Degree	Class or Division	Subjects		Year of Pass- ing	Number of attempts	Per cen tage (%)
			Principle or Major	Subsidiary or Minor			

[13] **RESEARCH WORK / PUBLICATIONS** :  
( Enclose details as Annexure )



[15] Did you apply for any post advertised by the Gujarat Ayurved University in the past ?  
If Yes, state

Sr. No.	Post applied	Application Date	Interview Held	Selected / Rejected

[16] Are you willing to accept the minimum initial pay ? If not, what is the lowest initial pay that you will accept ? :

[17] If appointed, how much time you need for joining ? :

[18] (A) Any departmental inquiry or legal proceedings is pending, give the details. :

( In any court or police department regulatory councils )

(B) Details of penalty / punishment in the past if any. :

[19] Give two references of reputed personalities with name & addresses to whom you are known.

(1) Name : \_\_\_\_\_ (2) Name : \_\_\_\_\_

Address : \_\_\_\_\_ Address : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Phone.No. : \_\_\_\_\_ Phone No. : \_\_\_\_\_

Mobile : \_\_\_\_\_ Mobile : \_\_\_\_\_

E-mail : \_\_\_\_\_ E-mail : \_\_\_\_\_

Fax No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

[20] Additional remarks if any :-

[21] List of Self attested copies of certificates / documents attached.

- |     |      |
|-----|------|
| (1) | (7)  |
| (2) | (8)  |
| (3) | (9)  |
| (4) | (10) |
| (5) | (11) |
| (6) | (12) |

[22] Demand Draft No. \_\_\_\_\_ Date \_\_\_\_\_ of Rs. \_\_\_\_\_  
Name of Bank \_\_\_\_\_ Place \_\_\_\_\_

**DECLARATION**

- (1) I have carefully read the "Instructions to the candidates and particulars of advertisements" supplied to me by the University. The information given by me in this application form is true & complete to the best of my knowledge.
- (2) I have not married for second time in the existence of my first wife (For male candidate)
- (3) I have not married to an already married person who is undivorced / not widower. (For female candidate)

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

\_\_\_\_\_  
Signature of the Candidate

Date :- \_\_\_\_\_

Submitted through proper channel.

Seal / Signature of the Employer

I will submit N.O.C. from my employer at the time of interview. (If applicable)

\_\_\_\_\_  
Signature of the Candidate

**IMPORTANT INSTRUCTION**

- (1) Subject wise separate application will be essential in the prescribed proforma.
  - (2) Incomplete information may lead to rejection of the application. (No column or row should be left blank. Write N.A. when not applicable.)
  - (3) Furnishing of false information or suppression of any factual information would be a disqualification.
  - (4) Employed candidates are required to submit Application Form through proper channel or NOC from employer.
  - (5) Canvassing in any manner will be disqualification.
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**( FOR OFFICE USE ONLY )**

**WHETHER ELIGIBLE BY:**

- |       |   |     |       |
|-------|---|-----|-------|
| [1]   | Submitted through proper channel ? / NOC    | --- | _____ |
| [2]   | Caste certificate produced ?                | --- | _____ |
| [3]   | All other requisite certificates produced ? | --- | _____ |
| [4]   | Application fee paid ?                      | --- | _____ |
| [5-A] | Age ?                                       | --- | _____ |
| [5-B] | Essential educational qualifications        | --- | _____ |
| [5-C] | Possession of requisite experience          | --- | _____ |

( To be indicated clearly whether eligible or not)

Overall eligibility :- \_\_\_\_\_

Application - (Accepted / Rejected) :- \_\_\_\_\_

**SIGNATURE OF SCRUTINY COMMITTEE :-**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_