



Saraswati College of  
Education, Rohtak

# SARASWATI COLLEGE OF EDUCATION, ROHTAK

(Recognised by NCTE, affiliated to M.D. University, Rohtak)

## Application Form (College Copy)

Sr.No. \_\_\_\_\_

Paste here a  
signed copy of  
your recent  
passport size  
photograph

**For office use only**

Dairy No. \_\_\_\_\_

Date. \_\_\_\_\_

Applied for the post of \_\_\_\_\_

Name of the Newspaper \_\_\_\_\_ Dated \_\_\_\_\_

1. Name of applicant: (In block letters) \_\_\_\_\_

2. Father's Name: (In block letters) \_\_\_\_\_

3. Mother's Name: (In block letters) \_\_\_\_\_

4. Date of Birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

(As recorded in the matriculation certificate)

5. Age \_\_\_\_\_ Years \_\_\_\_\_ months (as on the last date fixed for the receipt of application)

6. Sex: (Male/Female) \_\_\_\_\_

7. Marital Status: \_\_\_\_\_

8. Nationality: \_\_\_\_\_

9. Religion: \_\_\_\_\_ Category \_\_\_\_\_

10. Aadhar No. of Candidate: \_\_\_\_\_

11. Address for Correspondence (in Capital Letters) \_\_\_\_\_

Pin Code \_\_\_\_\_ Mobile No. \_\_\_\_\_ Email: \_\_\_\_\_

12. Permanent Address (In Capital Letters): \_\_\_\_\_

Pin Code \_\_\_\_\_ Mobile No. \_\_\_\_\_ Email: \_\_\_\_\_

13. Qualification:-

Examination	Year	Name of Board/University	Marks obtained out of	%age of Marks	Division
Matric					
Hr.Sec/+2/Pre-Uni.					
B.A/B.Sc/B.Com/BBA/BCA					
M.A/M.Sc/M.Com/MCA/MBA					
M.Phil					
Ph.D					
NET					
Any other qualification					

**14. Experience (if any):**

Name of Institution	Post & Nature of Appointment	From	To	Total Experience

**15. Research & Publication:**


**16. Seminars and Conferences:-**


**17. Extra Co-curricular activities:-**

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Yours faithfully,

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

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

(Signature of the Candidate)

Copy By REGISTERED POST to The Dean, College Development Council, M.D. University, Rohtak-124001.

(Signature of the Candidate)

Note:- The candidate may use extra sheet of paper, if required, for furnishing any other relevant details.

**For Office Use**

Discrepancy(ies) if any:

Eligible/Ineligible

- 1.
- 2.
- 3.
- 4.
- 5.

**Signature of the Screening Committee**

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



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Any other qualification					

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