



GUJARAT FORENSIC SCIENCES UNIVERSITY

(State University, established by an Act of Gujarat State Assembly)

Sector - 9, Gandhinagar - 382 007,

Ph. No.079 23977108, Fax: 079 23277104

e-mail: registrar@gfsu.edu.in, website: www.gfsu.edu.in

APPLICATION FOR _____

FOR OFFICE USE ONLY

Inward No.

Inward Date

Post applied for _____ :

If applying for more than one post, apply separately _____ :

(For office use only)

Eligible: (Yes / No)

If not Eligible, reason thereof:

.....

(Signatures of Screening Committee Members)

Paste your recent
passport size photograph
here and sign across the
photo so that part of
signature should be on
form

Details of Fee Payment (Demand Draft of Rs.500/- only for General and SEBC category and Rs 150 for SC/ST candidates in favour of Gujarat Forensic Sciences University (GFSU) payable at Gandhinagar., The PWD candidates are exempted from paying the application fees)

| Draft Number | Date of Issue | Amount | Name of the Bank and Issuing Branch | | | Name of the Bank on which Drawn | | | | | | |
|--------------|------------------------------|---------------------|-------------------------------------|--------|---|---------------------------------|--------|-------|-----------|--------|-----------|---------|
| | | | | | | | | | | | | |
| 1 | Name (In Capital Letters) | First Name | | | Middle Name | Surname | | | | | | |
| | | | | | | | | | | | | |
| 2 | Date of birth | Day | Month | Year | Age as on last date of advertisement | Years | Months | | | | | |
| | | | | | | | | | | | | |
| 3 | Place of birth | City/Village | | | State | Country | | | | | | |
| | | | | | | | | | | | | |
| 4 | Address | Correspondence | | | | Permanent | | | | | | |
| | | City: | District: | State: | Pin Code: | Mobile: | Email: | City: | District: | State: | Pin Code: | Mobile: |
| 5 | Gender | Male/ Female: _____ | | | | | | | | | | |

| | | | | |
|----|---|---|---------------------------------|--------------------------------------|
| 6 | Community/ Category (Please strike out whichever options are not applicable) | SC/ST/SEBC/Other categories give details: _____ Sl. No. of proof enclosed: _____ | | |
| 7 | Marital status | Married/Unmarried/Divorced: _____ | | |
| 8 | If differently abled, indicate the relevant particulars | Yes/ No | Percentage of disability | Sl. No. of proof of enclosure |
| a. | Blindness or low vision: | | | |
| b. | Hearing impairment: | | | |
| c. | Locomotor disability or cerebral palsy (includes all cases of Orthopedically handicapped) | | | |

9. Educational Qualifications *(Attach additional pages, if required)*

| | Name of course | Name of the Board/ University | Year passed | Division | CGPA (if grading is applicable) | % of Marks (pl. indicate equivalent to CGPA also) | Subjects studied | Sl. No. of proof of enclosure |
|-----------------------------------|-------------------------|-------------------------------|-------------|----------|---------------------------------|---|------------------|-------------------------------|
| | (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) |
| 10th Class / equivalent | | | | | | | | |
| 10+2/Higher Secondary/ equivalent | | | | | | | | |
| Bachelor's degree | | | | | | | | |
| Master's degree | | | | | | | | |
| Any Other Degree | | | | | | | | |
| M. Phil. | | | | Title: | | | | |
| Ph. D./D.Phil. | Date of Award: _____ | | | Title: | | | | |
| Any other exams passed | | | | | | | | |

10. Chronological list of Experience *(starting from current position/ employment)*

| Designation | Scale of pay & present Basic & AGP | Name & address of employer | Period of Experience | | | Nature of work/ duties | Sl. No. of proof of enclosure |
|-------------|------------------------------------|----------------------------|----------------------|-----|--|------------------------|-------------------------------|
| | | | From | To | No. of Years/ Months (As on date of advertisement) | | |
| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) |
| | | | | | | | |

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

* (Add separate sheet if required, to be annexed at relevant Sl. No.)

11. Academic Distinctions

| Name of the Academic Course/ Body | Academic distinction obtained | Sl. No. of proof of enclosure |
|-----------------------------------|-------------------------------|-------------------------------|
| | | |
| | | |

* (Add separate sheet if required, to be annexed at relevant Sl. No.)

12. Names and complete postal addresses of 2 Referees

(The referee should be the last employers of the candidate or any other person having know-how of candidate's experience/ knowledge and should not be related to the applicant)

| | Referee - 1 | Referee - 2 |
|--|-------------|-------------|
| Name & Complete postal address: | | |
| Email: | | |
| Phone (Landline) with STD code: | | |
| Mobile: | | |
| Fax: | | |

13. Have you ever been punished during your service or convicted by a court of law? (Yes/No) :
14. Were you at any time declared medically unfit or asked to submit your resignation or discharged or dismissed? (Yes/No) :
15. Do you have any case pending against you in any court of law? (Yes/No) :
16. **Any other information/qualification relevant to the post applied for:**

17. Declaration

I, _____ son/daughter of _____ hereby declare that all the 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 found false or incorrect or ineligibility being detected before or after the Selection Committee and University Authorities, my candidature/appointment may be cancelled by the University.

I have never been convicted or contemplated for any unlawful activity.

Signature of the Applicant

*Name as signed (in BLOCK LETTER)

Date: _____

***Application not signed by the candidate is liable to be rejected**

18. Endorsement by the EMPLOYER (for In-Service Applicants)

- a) In case of in-service candidates in Government/Semi-Government organizations/Public Sector Undertakings/Autonomous Organizations, the endorsement form must be signed by the employer.
- b) In case of in-service candidates from Private Sector, acceptance of resignation and relieving letter from the employer must be submitted at the time of joining.

FORWARDED TO THE REGISTRAR, GUJARAT FORENSIC SCIENCES UNIVERSITY, GANDHINAGAR, GUJARAT.

The applicant Dr/Mr./Mrs/Ms. _____ who has submitted this application for the post of _____ in the Gujarat Forensic Sciences University, has been in employment _____ in a temporary/contract/permanent capacity with effect from _____ in the Scale of Pay 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 Gujarat Forensic Sciences University, Gandhinagar, and in the event of selection, he/she will be relieved to join this university, as per rules.

Signature of the forwarding officer

Name : _____

Designation: _____

Place: _____

Office Seal

Date: _____

Please tick the enclosures attached:

| Sl. | Check List | Sl. No. of enclosure | No. of Sheets | Page No from -- to |
|-----|---|----------------------|---------------|--------------------|
| 1. | Matric/Secondary/High School (10 th Class) Marks Sheet | | | |
| 2. | Sr. Secondary/Intermediate (12 th Class) Marks Sheet | | | |
| 3. | Bachelor's Degree Marks Sheets | | | |
| 4. | Bachelors' Degree Certificate | | | |
| 5. | Master's Degree Marks Sheets | | | |
| 6. | Master's Degree Certificate | | | |
| 7. | Other Qualification (if any)_____ | | | |
| 8. | Caste Certificate issued by the Competent Authority | | | |
| 9. | Experience Certificate(s) from previous employer(s) | | | |
| 10. | Endorsement from the present employer | | | |
| 11. | DD for the application fees (in original) | | | |
| 12. | Proof of Payment of Application Fees through NEFT/RTGS | | | |
| 13. | Any Other (Pl Specify): _____ | | | |

Total number of sheets enclosed _____ (please give sequential number to each sheet and signature with date).