

मौलाना आजाद नेशनल उर्दू यूनिवर्सिटी

مولانا آزاد نیشنل اردو یونیورسٹی

MAULANA AZAD NATIONAL URDU UNIVERSITY

(A Central University established by an Act of Parliament in 1998)

Gachibowli, Hyderabad – 500 032.

(Accredited "A" Grade by NAAC)



**APPLICATION FORM FOR NON-TEACHING POSTS**

FOR OFFICE USE ONLY

REGN.NO.

I. Name of the post applied : \_\_\_\_\_

Category under which applied: UR/EWS/ SC/ST/OBC  
/PWD

II. Employment Notification No : 57/2019 Dated: 01.8.2019

III. Fee Particulars:

RECENT PASSPORT  
SIZE PHOTOGRAPH  
SELF ATTESTED

DD Number	Date	Amount	Name of the Bank	DD issuing Branch & Address

**IV. Personal Details:**

1. Full name of the candidate \_\_\_\_\_  
(IN CAPITAL LETTERS)

2. Parent's Name (a) Father \_\_\_\_\_

(b) Mother \_\_\_\_\_

3. Husband's Name (in case of married Women) \_\_\_\_\_

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

(As recorded in Matriculation or equivalent certificate)

5. Age (As on the last date receipt of application) \_\_\_\_\_ Years

6. Nationality \_\_\_\_\_

7. Married / Unmarried

8. Gender: Male/Female

9. Caste: \_\_\_\_\_

10. Adhar No. \_\_\_\_\_

11. Category: General/EWS/SC/ST/OBC/PWD: \_\_\_\_\_

(Certificate from competent authority must be enclosed) Encl. No \_\_\_\_\_

12. If the applicant is PWD, the following relevant particulars be mentioned:

	If applicable, write 'Yes'	Percentage of disability	Encl. No. of proof enclosed
(a) Blindness or Low Vision			
(b) Hearing Impairment			
(c) Locomotor Disability or Cerebral Palsy (Includes all cases of Orthopedic Handicap)			

**V. Educational Qualifications:**

Exam Passed	Name of the Board / University	Month & Year passed	Class / Divn/ Merit	Marks		% of Marks	CGPA (If grading system is applicable)	Subject studied	Encl. No. of Proof enclosed
				Obtai -ned	Out of				
10 <sup>th</sup> Class or Equivalent									
Intermediate or Equivalent									
Bachelor's degree ( Give name)									
Master's degree ( Give name)									
Any other qualifications									
Technical Qualifications									

**VI. Knowledge of Urdu:** Yes / No (Encl. No. of proof enclosed : \_\_\_\_\_)  
 Whether you possess the knowledge of Urdu reading, writing and speaking?  
 If yes, please tick (√) below:

<b>Reading</b>	<b>Yes</b>	<b>No</b>
<b>Writing</b>	<b>Yes</b>	<b>No</b>
<b>Speaking</b>	<b>Yes</b>	<b>No</b>

**VII. Languages Known:**

- i) Spoken \_\_\_\_\_
- ii) Written \_\_\_\_\_

**Details of Experience in chronological order:**

Designation	Name of the Organization/ Dept./ University	Core pay & nature of appointment scale of the post	Period of Service			Nature of work/duties attached to the post	Encl. No. of proof enclosed.
			From	To	No. of years & months		

**VIII. Any other details regarding experience/ awards, etc., that you wish to add:**

**IX. Name & Address with phone numbers of two responsible persons not related to you to whom a reference can be made about you:**

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

**X. State whether you have been at any time (a) dismissed, removed, terminated or debarred from Service as punitive action or (b) convicted by a Criminal Court. (Please tick YES/ NO)**

**XI. State how you satisfy the requirements of the advertisement in respect of qualifications and experience prescribed for the post.**

**XII. Candidate Name & Address:**

<b>Mailing Address (Name &amp; Address with PIN Code)</b>	<b>Permanent Address (Name &amp; Address with PIN Code)</b>
# E mail:	
Mobile No.	
Alternate Mobile No.	

# Most of the communication will be received by the candidate by email.

### **XIII. Declaration:**

I hereby declare that all the details given by me in this application are true to the best of my knowledge and belief. If anything is found false at any staged at the time of selection or after joining service at MANUU, my candidature/services are liable to be rejected during the selection process or terminated summarily without assigning any reason thereof.

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

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

Signature of the Applicant

### **XIV. 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 in-service candidate whether in permanent or temporary capacity.

#### **Forwarded to Maulana Azad National Urdu University, Gachibowli, Hyderabad.**

The applicant Dr./Mr./Mrs./ Ms. \_\_\_\_\_

who has submitted this application for the post of \_\_\_\_\_

in the Maulana Azad National Urdu University has been working in this organization namely \_\_\_\_\_  
\_\_\_\_\_ in the post of \_\_\_\_\_ in

the temporary /permanent capacity since \_\_\_\_\_ in the Pay Scale /Pay Band & GP.

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 Maulana Azad National Urdu University.

Signature of the forwarding officer

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

**SEAL**

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

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

**ACKNOWLEDGEMENT**

Received an application from Dr./Mr./Mrs./Ms. \_\_\_\_\_  
for the post of \_\_\_\_\_ in response to the  
Employment Notification No.57/2019, dated 01.8.2019 along with a D.D bearing No.  
\_\_\_\_\_ dated \_\_\_\_\_ for Rs. \_\_\_\_\_  
drawn on Bank \_\_\_\_\_

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

Signature of the Receiver  
ER-II Section, MANUU, Hyderabad

**Note:** Applications by-hand shall be accepted by the ER-II Section, MANUU in all working days from 9.30 a.m. to 5.00 p.m.