

To,

UNIVERSITY OF GOUR BANGA



Established under the West Bengal Act XXVI of 2007 [Recognized U/S 2(f) & 12(B) of the UGC Act and NAAC accredited University with 'B' Grade (2016)]

P.O.: Mokdumpur, District: Malda, West Bengal, PIN- 732 103

URL: www.ugb.ac.in ◆ E-mail: <u>registrar@ugb.ac.in</u>

APPLICATION FORM FOR ACCOUNTANT / CASHIER

(Demand Draft)

The Registrar,	<u>Details:</u>	size coloured photograph signed by the candidate (DO NOT USE STAPLER OR PIN)		
University of Gour Banga, P.O.: Mokdumpur,	Rs.:			
Dist.: Malda, West Bengal – 732 103.	DD No.:			
	Issuing Bank & Branch:			
Sir,				
I hereby apply for the post of		in		
response to your advertisement No.:	/UGB/R-18, Dated –	The		
requisite particulars are given below in the	ne prescribed Proforma and fiv	ve sets, complete in all		
respects, are being submitted.				
	Yours f	Faithfully,		
Date:				
	(Signature of the Applicant)			
<u>]</u>	BIO-DATA			
1. Name in full (in Block Letters):				
2. Address for communication (in block le	etters) with pin code:			
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		•••••		
E-mail ID:	Phone No			
3. Permanent address:				

4. Date of birth (as per Madhya	mik / Equivalent certificate):
5. Name of Father & Mother:	
6. Nationality:	
7. Whether belongs to SC/ST/C (Please mention the name of	OBC- A/ OBC-B: the Caste/Tribe):
8. Whether Differently Abled: Yes, please furnish rele	
9. Marital status: (a) Single / M	arried.
(b) Name of	Spouse:

10. Educational Qualifications:

Examination passed	Board/University	Year of Passing	Class / Div.	% of Marks	Subjects Studied	Any other Information
M.P or equivalent						
H.S. or equivalent						
U. G. (mention Hons. /Pass, if applicable)						
P.G.						
M. Phil.						
Ph. D.						
Any other Degree or Qualification						
Specialised Training, if any.						

11. Administrative / Professional experience:						
12. Details o		n chronologi	ical order (C		should be explained	d):
Employer	Post held (mention if permanent or temporary)	From	То	Length of Service (As on 12.06.2018)	Scale of Pay & Pay Drawn with Date of Next Increment.	Remarks, if any
13. Information regarding computer Proficiency and experience:						
14. If selected, time required for joining:						

15. Additional information	n, if any:
16. Any point of time was	there any departmental enquiry occurred: YES /NO.
If yes, then furnish det	tails
I certify that the al	bove statements are true to the best of my knowledge and belief. I
accept that in case any o	of the information is found to be incorrect or in case there is any
suppression of fact, the ap	oplication is liable to be rejected.
Date:	
Place:	
	(Signature of the Applicant)
<u>N. B.:</u>	
Please enclose the follow	ing:
	attested copies of all testimonials alongwith 5 (Five) sets of Filled in
	aft of requisite amount drawn in favour of the University of Gour
	he <i>Malda</i> , has to be enclosed at the time of submission of Application orm is download from the website.
,	n through proper channel, in case of employed (Govt. / Semi-Govt. /
* The application sent in a	any other format is liable to be rejected.
	For office Use only
	Receipt
Fees (Demand Draft)	
Details:	Received the Application Form from
Rs.:	for the post of vide Sl.
DD No.:	No.:

Date:Issuing Bank & Branch:

Authorised Signatory University of Gour Banga