



गुजरात केन्द्रीय विश्वविद्यालय
(भारत की संसद के अधिनियम सं. 25, 2009 के तहत स्थापित)
CENTRAL UNIVERSITY OF GUJARAT
(Established by an Act of Parliament of India, No 25 of 2009)

CENTRE FOR SINDHI LANGUAGE AND LITERATURE

APPLICATION FORM FOR 'SINDHI TEACHER TRAINING PROGRAM'

PASTE HERE
YOUR RECENT
PASS-PORT SIZE
PHOTOGRAPH

FOR OFFICE USE ONLY

Inward No.

Inward Date

1. PERSONAL DETAILS (FILL IN CAPITAL LETTERS ONLY)

1	Name of Applicant	:			
2	Father's / Spouse Name	:			
3	Date of Birth (As recorded in the Matriculation or equivalent certificate)	:			
4	Address for correspondence:	City / Village:			
		State:			
		Country:			
5	Mobile No.:	E-mail ID:			
	Landline No.:				
6	Nationality	:			
7	Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Transgender <input type="checkbox"/>	
8	Marital Status	Married <input type="checkbox"/>	Unmarried <input type="checkbox"/>		

(Please tick √ wherever applicable)



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2. EDUCATIONAL QUALIFICATIONS: (Attach photocopy of work experience or certificate as provided by NCPSL)				
Degree	Name of the Board / University	Year of passing	% age of marks / CGPA with % age marks	Subjects studied
Matriculation (10th)				
Higher Secondary / Intermediate (10+2)				
Bachelor's Degree (Name of Degree)				
Master's Degree (Name of Degree)				
M.Phil. in (if any)	Title :			
Ph.D. in (if any)	Title :			

3. TECHNICAL QUALIFICATIONS				
Diploma / Certificate	Name of the Institute	Year of Passing	% of marks/CGPA	Subject(s)

4. CURRENT POSITION			
Designation	Employer (Name of the Organization)	Date of Joining (Date / Month / Year)	Nature of Appointment (Ad hoc / Temporary / Permanent / Contractual)



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5. RESEARCH EXPERIENCE

Position held	Name of the University / Institute	Period of work		
		From	To	No. of years

6. DECLARATION

I, _____ son / daughter of _____
hereby declare that all entries made by me in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false, incomplete or incorrect, my participation is liable to be cancelled / terminated by the University without assigning any reason thereof.

Signature of the applicant: _____

Name in Capital letters: _____

Date: _____

Place: _____

Note:

- 1. Unsigned application is liable to be rejected and no correspondence will be entertained.*
- 2. The University shall not be responsible, if any column is not filled up properly and legibly.*