

Shri Shankaracharya Professional University, Bhilai, CG

Phone No. 0788-04088810, Website: www.shrishankaracharyauniversity.com

Email – <u>hr@shrishankaracharyauniversity.com</u>

Application Form for the Post of Chief Finance and Accounts Officer (CFAO)

GENERAL INFORMATION

1	Name (in English block letter)	:		
2	Name (in Hindi)	:		
3	Father's / Husband's Name	:		
4	Mother's Name	:		
5	Date of Birth	:		
6	Place of Birth	:		
7	Religion	:		
8	Category	:		
9	State of Domicile	:		
10	Whether Physically Handicapped? (if yes, state whether VH/HH/OH)	:		
11	Gender	:		
12	Marital Status	:		
13	Nationality	:		
	Contact Details			
	(a) Address for Correspondence		(b)Permanent Address	
14				
	(c) Mobile No.:		(d) Email:	

15. Academic Qualification (Commencing with the intermediate / Senior Secondary Certificate Examination) (Attach self-attested copies)

Examination / Degree	University / Board	Subject	Year of Passing	Marks Obtained	Total Marks	% of marks	Division / Grade	Remarks if any

16.	Resear	rch D	egree (A	Attach s	self-attested co	opies of De	gree /	Noti	ification)					
Degree		Subject		University		Notification No. with Date		Title of the Thesis						
		_	_	-	n approved fo						g wo	rked i	ndepe	ndently)
		Statut		e of the		Nature of Pay					Period Re			Reason for
Eı	mployer	r Institute / University*			Designation	Job	Scal		Pay Band	Fro	From To			leaving
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*Govt.	/ Quas	S1 G0V	π. / Αι	itonom	ous / Private	(Enclose se	eir – ati	teste	a reievant	aocume	ents 1	n sequ	lence)	
18.	Any S	pecial	contri	bution i	n the field of	Accounts/	Financ	e/A	udit/Taxa	ation etc	. (Gi	ve Det	tails)	
19.	Declar	ration	by the	candid	ate:									
	Declaration by the candidate: I hereby declare that, I have read the detailed employment Notice and I shall abide by all the Terms and													
	Condi of my	tions (of the a ledge a	dvertise ind beli	ve read the de ement. The en ef. If at any the y appointmen	ntire inform ime, I am f	nation gound to	giver o hav	n in this ap ve declare	plication d any m	n for ateri	m are al / in	true to ıforma	the best tion's or
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Date:														
Place:									Signature	e & Nam	e of	the Ca	ındida	te
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