

Name: -

## MEWAR UNIVERSITY, CHITTORGARH

Fathers/Husband Name: -		Affix passport					
Post Applied for :-				Size photo (Self-Attested)			
Department :-					T Tittestea)		
Faculty: -							
Date of Birth: -					<del></del>		
Present Address: -							
Permanent Address: -							
Contact Number (Phone/Mo	bile)						
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Blood Group: -							
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<b>Working Experience - Te</b>	eaching/Reso						
Institution/Organization	Post Held	Part time/Contract Basis/Ad-hoc/ regular/Temp./Pmt	From	ation To	Salary		
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Education	al/othe	r profess	ional Qua	lifications/Tr	aining Cours	es etc			
Qualific	ation	Year of Passing	Division/ Grade	Percentage (%) of Marks	Name of Board/University		Subject of Specialization		
NET/SET									
Ph. D.									
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U.G.									
Sec. School	ol								
Special Ac	hievem	ents: -							
Publicati	on & R	ooks							
Author				Journal Name	Date of Publication	UGC/CARE/ SCI approved or not		Remark	
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found	false at	any stage	the above	UNDERTAK information f rces be termin v.	furnished is co		•		
Place:					Signature				
Date:	Date:					Name			

<sup>\*</sup> University reserves the right to fill or not to fill any of the vacancies advertised. University reserves the right to reject any or all applications without assigning any reason.