

काशी हिन्दू
विश्वविद्यालय



BANARAS HINDU
UNIVERSITY

Self
Attested
Photograph

APPLICATION FORM

For the Post of Manager (Placement) (Contractual)

Advt. No.: IM-BHU/2026-27/Advt.(temp.)/01

Date of Advertisement: 18-05-2026

1.	Name of the Candidate (in capital letters)					
2.	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female			
3.	Father's / Husband's Name					
4.	Mother's Name					
5.	Date of Birth (DD/MM/YYYY)					
6.	Nationality					
7.	Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried			
8.	Permanent Address					
9.	Correspondence Address					
10.	Mobile No.					
11.	Email ID					
12.	Present Employment Status	Organization Name		Current Designation		
13.	Educational / Professional / Technical Qualifications (Starting with the highest first)					
	Examination Passed	Board / University / Institute	Duration of Degree / Diploma / Training	Year of Passing	Division with % of Marks	Subject Studied / Specialization

14.	Details of Employment (Starting with the most recent)							
	Organization / Department / Institute	Designation / Post Held	Temporary /Permanent /Contract	Period			Gross Monthly Emolument	Duties Performed
				From	To	No. of Years		
15.	Have you ever been convicted by any court of law or is there any criminal case/disciplinary action/vigilance enquiry pending against you? If so, specify.							
16.	Time required to join the post in the event of selection							
17.	Any other relevant information							

DECLARATION:

I hereby declare that I have carefully read and fully understood all the instructions and details pertaining to the post being applied for by me and all statements made and information furnished in this application is true and complete to the best of my knowledge and belief. I also declare that I have not concealed any material information which may debar my candidature for the post applied for. In the event of suppression or distortion of any fact like category or educational qualification, etc., made in my application form, I understand that I will be denied any employment in the Institute and if already employed on any of the posts in the Institute, my services will be terminated forthwith.

Date: _____

Signature of the Applicant

Place: _____

(Name of Applicant)