

APPLICATION FORM

Name of the position applied for: **Administrative Associate**

Name of the candidate: _____

Father's/Husband's name: _____

Date of birth : _____

Address: _____

Mobile number:_____

Email ID : _____

**RECENT
PASSPORT
SIZE
PHOTOGRAPH**

Educational Qualification (please attach self-attested copies of documents)

Examination Passed *	Discipline / Specilization / Subjects	Board / University	Year of Passing	Percentage of marks	Division

Experience starting from previous to present:

Total experience_____Years_____Months_____Days

Employer's name and address (also indicate whether Central Govt. /State Govt./PSU/Autonomous bodies/Private Sector (\$))	Designation	Scale of Pay/Salary per annum	Length of Service		Total Experience in years	Nature of work in brief
			From	To		

\$please attached Vigilance Clearance Certificate, Last Pay Certificate & Experience Certificates, etc.

Continued..2/-

Any other information

I hereby declare that the above information is true to the best of my knowledge and belief, and in case the information is found incorrect at any state, my candidature shall be liable to be cancelled. I understand that my engagement, if engaged for the above position at IGNOU, Regional Centre, Nagpur will be purely on contractual in nature and I shall never claim for a regular appointment in the University on the basis of this engagement.

(Signature of the candidate)

Date

List of Enclosures:

01. _____
02. _____
03. _____
04. _____
05. _____



INDIRA GANDHI NATIONAL OPEN UNIVERSITY
Regional Centre, 14, Hindustan Colony, Amravati Road,
Nagpur-440 033

UNDERTAKING

I, _____(Name), date of birth _____

S/o Sh. _____ Address _____

_____having been
appointed/engaged as having been appointed/engaged as **Administrative Associate**,
IGNOU, Regional Centre, Nagpur do hereby undertake that information given by me at the
time of my application and joining in IGNOU are true and correct to the best of my
knowledge and belief. In case any information given by me is found incorrect or false
at any stage, IGNOU has absolute right to take necessary action including
discontinuance of my service without any notice.

Place: _____

Signature

Date: _____

Name: _____

Designation: _____

Department: _____

Mobile No: _____