



**MEDI-CAPS UNIVERSITY**  
**A.B. ROAD, PIGDAMBER, INDORE 453331(M.P.)**  
**Ph.(0731) 4259500,4259548 Fax. (0731)4259501**

**Application for the (Non-Teaching) post of .....**



Name: .....

Sex: M/F..... Date of Birth: ..... Marital Status: .....

Father's /Mother's Name:.....Spouse's Name: .....

Address: .....

.....

Tel No. (With STD Code):( Resi)..... (M).....

E-mail: .....

Highest Qualification: .....Specialization.....

Category (Gen/OBC/SC/ST/Minority): ..... Physical disability (Yes/No): .....

Academic /Technical Qualification Record (Attach Photocopy of Mark Sheet)

S. No.	Exam	Board /University	Year of Passing	Specialized Subject(s)	Marks %	Div/ Grade
1						
2						
3						
4						
5						

Additional Qualification(s): .....

Experience (Recent First):

S. No.	Organization	Designation	Pay Scale	Grade Pay	Duration		Total Experience
					From	To	
1							
2							
3							

Reference (Two with Phone No.)

(1) ..... (2).....  
 .....  
 .....

I .....solemnly declare that the information given in this form is correct to the best of my knowledge.

Date :

Signature of Candidate