

Full Name of Candidate:

## **Shri Govind Guru University**

(Established Vide Gujarat Act No. 24/2015) (State Government University)

શ્રી ગોવિંદ ગુરુ યુનિવર્સિટી (ગુજરાત એક્ટ નં. ૨૪/૨૦૧૫ દ્વારા સ્થાપિત) મુ. વિઝોલ, પો. કાંકણપુર, તા. ગોધરા, જિ.પંચમહાલ, ગુજરાત - ૩૮૮૭૧૩

Annexure - I

## APPLICATION FORMAT FOR THE POST OF TEMPORARY ASSISTANT PROFESSOR (CONTRACTUAL - 11 MONTHS ONLY)

Permanent Address		: _					
		Di		Taluka: State:			
Contact number		:					
Email ID		:				<del></del>	
Birth Date		: _					
Educa	tional Qualification	n: (write	e Graduation	and Onwards)			
No.	Degree	Spe	ecialization	University		Passing of Year/Month Percentage	
Experi	ence Certificate:						
No.	Post held		Name of Institution		Period		
- 101						From	То
	rch Details: (attach		:: DECLAI				
I acce	pt terms & condit iew.	ions of	f appointme	nt mentioned in	advo	ertisement	of walk-in-
Date: Place:							
					!	Signature o	f Candidate