file:///D:/Gen%20Edu%20Data/NewlogoJSSpeetha2.jpg**JSS MAHAVIDYAPEETHA**

**Jagadguru Dr. Sri Shivarathri Rajendra Circle**

**Mysuru-570 004**

**Tel : 0821-2548207, Email:** [**jss@jssonline.org**](mailto:jss@jssonline.org)**, Website : www.jssonline.org**

APPLICATION FOR THE POST OF DIRECTOR

**to affix photo here**

The filled in application form along with self-attested copies of certificate, testimonials, and a crossed Demand Draft for Rs.100/- In favor of JSS Mahavidyapeetha, Mysuru, has to be submitted to the Executive Secretary, JSS Mahavidyapeetha, Jagadguru Dr. Sri Shivarathri Rajendra Circle, Mysuru-570 004, within 30 days of the advertisement.

1. Name (in block letters) :
2. Sex (Male/Female) :
3. a) Date of Birth :

b) Age in completed years :

1. Place of Birth :
2. Address in block letters
   1. Address :
3. Mobile No :
4. Email ID :
5. Education Qualification :
   1. Essential Qualifications :
   2. Desirable Qualification :

P.T.O.

-2-

1. Minimum second class of any Master Degree and minimum 7 years previous experience in relevant field (Separate sheet may be attached if the space provided is not sufficient)

|  |  |  |  |
| --- | --- | --- | --- |
| S.N | Organization | Duration | Certification enclosed or not |
|  |  |  |  |
|  |  |  |  |
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1. Publications if any (separate Sheet may be attached if the space provided is not sufficient)
2. Social status

|  |  |  |  |
| --- | --- | --- | --- |
| SC | ST | OBC | Others  (Specify) |
|  |  |  |  |

1. Proficiency in languages

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sl. No | Language | Write | Read | Speak |
| 1 | Kannada |  |  |  |
| 2 | English |  |  |  |
| 3 | Hindi |  |  |  |

1. Particulars of Demand Draft

|  |  |  |  |
| --- | --- | --- | --- |
| Name of the issuing Bank | Amount | DD No. | Date |
|  |  |  |  |

1. Any other information which the : candidate would like to furnish
2. Candidates who are already in employment are required to send their application through proper channel with a “No Objection Certificate”(NOC) by the forwarding authority.

I hereby declare that the information furnished by me is true to the best of my knowledge

Date:

**Place: Signature of Candidate**

Note: Incomplete applications, without certificate/testimonials will be rejected.