

Avinashilingam Institute for Home Science and Higher Education for Women

(Deemed to be University Estd. u/s 3 of UGC Act 1956, Category A by MHRD)

Re-accredited with A++ Grade by NAAC. CGPA 3.65/4, Category I by UGC

Coimbatore - 641 043, Tamil Nadu, India

Application for Self Supporting Programme (Non-Teaching)

Advertisement No.	Dated:	
APPLICATION FOR THE POST OF	:	
1. Name (in capitals)	:	Affix Passport size colour Photograph
2. Date of Birth	:	
Age as on the date of Advertisement 3. Place of birth 4. Sex (Tick ✓) 5. Religion	: YD: : Male Female Others :	
6. Nationality	: Indian /	
 Community (Tick ✓) (Please enclose a copy of the Community Certificate) 	OC SC ST OBC EWS	
8. Mother Tongue	:	
9. District & State	:	
10. Father's/Spouse Name	:	
Occupation & Address	(Strike out whichever is not applicable)	

1.				/Graue	
No.	(with main subject)	omversity / mstitution	Passing	Marks /Grade	Class / Nalik
12 SI.	2. Educational Qualificatio (Please enclose xerox copies Examination Passed	•	- -	% of	Class /Rank
	Gross emoluments				
	Scale of Pay				
	Designation				
11	. Present position				
	Mobile :	N	1obile:		
	E-Mail :	E	-Mail :		
		P	Phone :	Fax:	
	Pin code:		 Pin code:		
	Residence:		Office:		

No.	(with main subject)	Oniversity / institution	Passing	Marks /Grade	Class / Nalik
1.					
2.					
3.					
4.					
5.					

13 Experience

SI.	Position held	Name of the Institution	Duration		Years of		
No.			From	From To			
					Y M D		
1.							
2.							
3.							
4.							
5.							

14.	Languages	Known

SI.	Name of the Language	Read	Write	Speak
No.				
1.	Tamil			
2.	English			
3.				
4.				

15. Other Skills :

SI.	Type of Skill	Nature of Proficiency
No.		
1.		
2.		
3.		
4.		

16. Check list of enclosure: (Tick in the appropriate column)

SI.	Enclosure	Attached	Not Attached
No.	(Attach attested relevant Xerox copies)		
1.	Filled in application with enclosures		
2.	Age Proof – HSC Mark Statement		
3.	SSLC First Page / Mark Statement		
4.	Community Certificate		
5.	UG / PG Degree Certificates		

17. Any other:

18. I	l hereby	declare	that the	entries in	this form	are true	to the	best (ot my	knowled	lge and	beliet.
If se	lected, I	will abid	de by the	rules and	d general :	service co	onditio	ns of	the Ur	niversity.		

Place:	
Date:	Signature of Applicant