



ગુજરાત કેન્દ્રીય વિશ્વવિદ્યાલય  
CENTRAL UNIVERSITY OF GUJARAT

ગુજરાત કેન્દ્રીય વિશ્વવિદ્યાલય  
**CENTRAL UNIVERSITY OF GUJARAT**  
(Established by an Act of Parliament of India, No 25 of 2009)  
**Sector - 29, Gandhinagar - 382 030,**  
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**Application form for the post Consultant – Internal Auditor**

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|                   |   |                               |                                 |                                      |                           |
|-------------------|---|-------------------------------|---------------------------------|--------------------------------------|---------------------------|
| Post applied for: |   |                               |                                 |                                      |                           |
| 1                 | Name of Candidate<br>(Full in Capital)  |                               |                                 |                                      |                           |
| 2                 | Date of Birth (DD/MM/YYYY)  | ____ / ____ / _____           |                                 |                                      |                           |
| 3                 | Gender  | Male <input type="checkbox"/> | Female <input type="checkbox"/> | Transgender <input type="checkbox"/> |                           |
| 4                 | Communication Address   |                               |                                 |                                      |                           |
| 5                 | Mobile No.  |                               |                                 |                                      |                           |
| 6                 | Aadhar Card No.   |                               |                                 |                                      |                           |
| 7                 | PAN No.   |                               |                                 |                                      |                           |
| 8                 | E-mail address  |                               |                                 |                                      |                           |
| 9                 | Educational Qualification   |                               |                                 |                                      |                           |
| 10                | Date of Superannuation/retirement   |                               |                                 |                                      |                           |
| 11                | PPO details at the time of retirement<br>(attach copy of PPO)                                       |                               |                                 |                                      |                           |
| 12                | Organisation currently working, if any  |                               |                                 |                                      |                           |
| 13                | Organisation superannuated from<br>(attach copy of last pay certificate and last appointment order) |                               |                                 |                                      |                           |
| 14                | Brief particulars of experience of last 10 years (a separate sheet may be annexed)                  | Post held                     | From                            | To                                   | Experience/Nature of work |
|                   |   |                               |                                 |                                      |                           |
| 15                | Whether belong to SC/ST/OBC   |                               |                                 |                                      |                           |
| 16                | Remarks, if any   |                               |                                 |                                      |                           |

**Undertaking:**

1. I hereby declare that the particulars furnished above are true and correct to the best of my knowledge and belief. I further declare that I was clear from vigilance angle at the time of my retirement. I have read this Notification and accept all the terms and conditions for engagement of consultants.
2. I shall provide the references in respect of my assignments done in last three years as and when required.

**Place:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature of the Candidate**

**Following documents are to be enclosed with the application:-**

1. Identity proof :
2. Proof of address :
3. Copy of PPO :
4. Copy of Proofs of Educational qualifications:
5. Copy of service verification certificate
6. Copy of APARs of last three years