

APJ ABDUL KALAM TECHNOLOGICAL UNIVERSITY, THIRUVANANATHAPURAM

PROFORMA FOR OPTION

Name of post to which option is exercised (In block capitals)	
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1. Name of applicant :
(In block capitals)

2. Post presently held :

3. Name of parent University :

4. Pay and scale of pay :

5. Age(in completed years) :

6. Date of Birth :

7. Permanent Address :

8. Address for Communication :

(With pin code and revenue district)

9. Qualification details (Academic & Departmental tests) :

Course (academic/departmental)	Reg. no	Month and year of passing

(2)

Details of service (from the first appointment onwards) :

Post held	Period(from - to)	Employer	Scale of pay

10. Date of commencement of continuous Service in the parent University :
11. Date of joining in the present post :
12. Date of declaration of probation in the present post :
13. Whether any disciplinary action has been taken against the applicant :
(if 'yes' give details)
14. Whether any disciplinary action/enquiry is pending against the applicant :
(If 'yes' give details)

DECLARATION

I,..... holding the post of on Rs in the University, do here by opt to be considered for absorption in the APJ Abdul Kalam Technological University, Thiruvananthapuram as on scale of pay Rs..... If selected, I am willing to serve anywhere in the State of Kerala since the jurisdiction of the University is state wide. I am also aware that option once exercised is final.

Signature
Name & Designation

Place:

Date:

CERTIFICATE FROM THE EMPLOYER

Certified that Sri/Smt is presently working as in this University, and that his/her service particulars given above are correct.

Place:

Signature

Date:

Name & Designation