



# ST. ALBERT'S COLLEGE (AUTONOMOUS), ERNAKULAM

(Affiliated to Mahatma Gandhi University, Kottayam)

## APPLICATION FOR THE POST OF GARDENER

(Space for  
Passport Size  
Photograph  
to be pasted  
here)

Application Number (Office Use): \_\_\_\_\_

Date of Receipt: \_\_\_\_\_

### 1. PERSONAL DETAILS:

- Full Name (in BLOCK LETTERS): \_\_\_\_\_
- Date of Birth (DD/MM/YYYY): // \_\_\_\_\_ Age: \_\_\_\_\_
- Gender: Male / Female / Other: \_\_\_\_\_
- Religion & Community: \_\_\_\_\_
- Category: General / SC / ST / OBC / Latin Catholic / Other: \_\_\_\_\_

### 2. CONTACT INFORMATION:

- Permanent Address:

PIN Code:

Communication Address (if different):

PIN Code:

- Mobile Number : \_\_\_\_\_
- Alternative No : \_\_\_\_\_
- E. Mail : \_\_\_\_\_

**3. APPLICATION FEE PAYMENT DETAILS:** (Fee Structure: General - ₹1000/-, SC/ST - ₹500/-, PWD - Exempted)



Account Holder	St. Alberts College
Account Number	0074012389749
Bank	Catholic Syrian Bank
Branch	Banerji Road, Ernakulam
IFSC	CSBK0000074

- Amount Paid: ₹ \_\_\_\_\_
- Mode of Payment:  UPI     Demand Draft (DD)     Online Transfer
- Receipt No. / DD No. / Transaction ID: \_\_\_\_\_
- Date of Payment:        /        /
- Name of Bank & Branch (if paid via DD/Transfer):

**4. EDUCATIONAL QUALIFICATIONS:** (As per University Statute and Government norms)

Examination Passed	Name of School / Board /University	Year of Passing

**4. PREVIOUS EXPERIENCE (Gardening / Landscaping / Office Work):** (Attach self-attested copies of experience certificates, if any)

Name of Employer / Institution	Nature of Work Performed	From Date	To Date	Total Years / Months

**5. REFERENCES:** *(Provide names and contact numbers of two people who know you professionally)*

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**6. DECLARATION:**

I hereby declare that the information provided above is true, complete, and correct to the best of my knowledge and belief. I understand that any false information will lead to the rejection of my application or termination of my services if appointed.

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

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

**(Signature of the Applicant)**

**Name:** \_\_\_\_\_

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**CHECKLIST OF ENCLOSURES (To be ticked by applicant):**

- Copy of Age Proof (e.g., SSLC Book / Birth Certificate / Aadhaar)  
 Copies of Educational Qualification Certificates  
 Copies of Experience Certificates  
 Copy of Community/Caste Certificate  
 Copy of valid ID Proof (Aadhaar / Voter ID)  
 Biodata
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**FOR OFFICE USE ONLY**

Verified By: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_