



Eligibility Criteria for the Post of Registrar / Controller of Examinations / CFAO

1.	Name of the Post	Registrar / Controller of Examinations / CFAO
2.	Number of Post	01
3.	Age limit for recruitment	The maximum age limit of the candidate applying for the post will be 60 years as on the closing date of the receipt of application form.
4.	Age of Superannuation	62 Years
5.	Qualification, Experience and other Requirements	<p>Essential Educational Qualification :</p> <p>Master's Degree from a recognized University/Institute with at least 55% marks or an equivalent grade on a point scale wherever the grading system is followed</p> <p>Essential Experience:</p> <p>i. At least 15 years of experience as Assistant Professor in the AGP of Rs. 7000 (Academic Level 11) and above or with 8 years of service in the AGP of Rs. 8000 (Academic Level 12) and above including as Associate Professor along with 3 years' experience in educational administration</p> <p style="text-align: center;">OR</p> <p>ii. Comparable experience in research establishment and / or other institutions of higher education</p> <p style="text-align: center;">OR</p> <p>iii. 15 years of administrative experience, of which 8 years shall be as Deputy Registrar or an equivalent post.</p>



How to apply

- 1) Application should be submitted in the format enclosed.
- 2) Self – Attested copies of Community Certificate and Certificates in proof of educational qualification and experience should be attached to the application.
- 3) Application should be sent in a cover superscribed with the words “Application for the Post of Registrar or CoE or CFAO”
- 4) Filled in Application Form along with supporting documents and passport size photograph may be submitted to the following address on or before 25/06/2026 up to 4:00 P.M. or at email vc@sbbsuniversity.ac.in .

The Vice Chancellor
Sant Baba Bhag Singh University,
Village Khiala, PO Padhiana,
Jalandhar, Punjab, India
Pin code: 144030
Email: vc@sbbsuniversity.ac.in



Application for the Post of Registrar / Controller of Examinations / CFAO

1) Name :

2) Sex :

M

F

3) Father's Name/ Husband's Name :

4) Date of Birth :

5) Nationality (Attach Proof) :

6) Community to which belong :
(Make a ✓ in the appropriate box)

SC

ST

OBC

UR

7) Address for Communication :

8) Permanent Address :

9) Phone No:

Mobile No:

Email -Id:

10) Educational Qualification:

Sl.No	Course Completed	Name of the Institution	Class/ Percentage of Marks Obtained	Year of Passing
1.	Higher Secondary			
2.	Degree			
3.	Post Graduate Degree			

Recent
Passport size
Photograph



4.	Ph.D.			
5.	Any other			
6.				
7.				

11) Any other academic achievements/awards/contribution:

12) Details of any other professional qualification / training
(Use separate sheet if space provided is insufficient):

13) Details of proficiency in computers:

14) Employment Details:

Sl.No	Name of the Office/Institute	Designation	Period of Service	Scale of pay/ Pay Band applicable
1.				
2.				



3.				
4.				
5.				
6.				
7.				
8.				
9.				

15) Whether worked in Pay Band of 37,400 – 67,000/- with Grade Pay of Rs 8700/- (Level 13) as Deputy Registrar or equivalent post.

If Yes (Attach proof)

Yes	No
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If No (Worked in which pay band)

16) Publications

Type	National (number)	International (number)	Annexure No.
Books [Established Publisher]			
Articles in Journals			



Articles in Proceedings			
Papers presented in seminar etc.			
Session chaired			

17) Organization / co-curricular activities:

	Title	Duration	Organized at	Funded by, amount
Short –term courses organized				
Seminar/Workshop organized				
Conferences, workshop etc. attended				
Academic groups / committees involved in				

18) Membership of professional bodies:

19) Any other Information which the applicant may like to furnish:

(Signature of applicant with date)



20) Referees: Name addresses, contact numbers and Email IDs of two referees:
(Referees should not be related to the candidate)

1	2
Name:	Name:
Address:	Address:
PIN code:	PIN code:
Phone:	Phone:
Email:	Email:

21) **List of Enclosures:**

Declaration

I hereby declare that information furnished above is true to the best of my knowledge and belief. If at any time I am found to have concealed any material information or given any incorrect data, my candidature may be cancelled and appointment, if mad, may be terminated without notice and compensation.

Date:

Place:

(Signature of the applicant with date)