(A State University Established by Government of Maharashtra)

Application Form No. ____ (For office use only)

Date:- 23/03/2018

Employment Notice No. GUG/26/2018

To,THE REGISTRAR
Gondwana University, Gadchiroli,
M.I.D.C. Road, Complex, Gadchiroli,
Dist-Gadchiroli, PinCode-442605.

Passport
Size
Photograph

Subject: - Application for the Post of:- ------

Name of the Post	:-	
Post Advt. No.	:-	
Subject/Department	:-	
Category	:-	

Sir,

I hereby submit my application for the post mentioned above with the following details.

APPLICATION FORM

(Please read the general instructions, Terms and Conditions before filling the form)

1. Application Fee (Non-Refundable)							
Demand Draft No.	Date	Amount(Rs.)	Name of Bank	Branch Name			

2. Personal Details	(In Capital Letter's)	Enclosure No.
Full Name		
(Surname First)		
Date of Birth	Age (In Years) as	
(dd/mm/yy)	on	
Gender	Marital Status	
(Male/Female)		
Nationality	Religion	
Category With Cast		
(SC/ST/VJ-A/NT-		
(B/C/D)/OBC/OPEN/PH,etc.		
Particulars of Physical		
Disability, if Applicable		

3. Addre	ss						
Address for Correspondence				Perr	nanent Addre	ss	
Pin Code:	•	<u> </u>	••	Pin Code:			
E-mail ID	nunicatio	n Deta	118				
Phone No.							
Mobile No.							
Fax No.							
		I					
5 Educa	itional Oi	ıalifica	tions (Mai	triculation onwo	ard)		
Name of	Univers		Year of	Percentage	Division	Enclosure No.	
Exam/Degree	Institution		Passing	of Marks	/Class/CGPA	110.	
(Please	use an add	itional sh	l neet. if reaui	 red, retaining the	 : above tabular fo	ormat)	
Ph. D. (Marks in Appropriate Box	√ Degree		led []			- moody	
		rtation	ı (If Publishe	ed, give details o	n a separate she	ret)	
Ph. D.					1		
M. Phill.							
P. G.							
Particulars of SLET/ GATE							
Examination		aiciit					

6. Present Position									
Designation	University / Institution	From Date	Basic Pay	Pa Scale/				Pay/ alary 1.	Enclosure No.
7. Teach	ning Experier	ice as	an App	roved Fu	ıll-Time				
Post Held	Basic Pay & Pay Band	Univer Institu		Peri	•	Ex		ence	Enclosure No.
	with A.G.P.			From	То	Y	M	D	
		L							
Total Teac	hing Experie	nce : [_	Y (ye	ears)] [M (mo	nth	s)] [_ D (days)]
Special con	itributions, if	fany:							
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(Enclose additional sheet, if required, in the same format)									

8. EXPERIENCE IN RESEARCH ESTABLISHMENT / INSTITUTIONS OF HIGHER EDUCATION/INDUSTRIES/PROFESSONAL								Enclosure	
	Basic Pay &		Period Ex				Experience		
Post Held	Pay Band with A.G.P.	University / Institution	From		Y	M	D	No.	
Total Experience : [Y(Years)][M(Months)][D(Days)] Special contributions, if any :									
Special	contributions	, 11 any :							
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(Enclos	e additional sh	eet, if required,	in the sa	ame torm	at)				
9. R	Research Exp	erience :						Enclosure No.	
Number	of Ph. D. Degr	ees Awarded un	der		Γ .	1			

9. Research Experience :						
Number of Ph. D. Degrees A	warded under					
Supervision						
Number of Ph. D. Thesis Su	r	1				
Supervision	L	1				
Number of Ph. D. Students	г	1				
Supervision		L	1			
Total Research	F 37/37)	7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7	41	D/D17		
Experience	[Y(Years)][M(Months)][D(Days)]					

10.Publi	ications :										E	nclosure No.
Number	of Books Pul	olished :	[] O w	n	[]	Joi	nt A	uthor	ship		
Number	of Books Edi	ited:	[] Ow	n	[]	Joi	nt A	uthor	ship		
Number	of Paper Pub	olished :	[] Ow	n	[]	Joi	nt A	uthor	ship		
	Ov	vn						Jo	oint Au	thors	hip	
International Journals		International conference / Seminars / Symposium		National conference / Seminars / Symposium		Internatio Journa			ational ournals	Interna confere Semin Sympo	nce / ars /	National conference / Seminars / Symposium
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	Note	: Give the	det	tails of P	ub	lications	s on	sepa	rate sh	eets		
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Post	& Pay	Unive				Peri			_	perien	ce	Enclosure No.
Held	Band with A.G.P.	Insti	tut	ion		From	7	ſο	Y	M	D	
	ministrative :			[Υ(Years)]	[I	M(Mon	ths)][-D(Days)]
Special	contribution	ıs, if any	:									
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(Enclose additional sheet, if required, in the same format)

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	Membership/Fellowship of learned Accredited Academic Bodies ose additional sheet, if required, in the same format)	Enclosure No.
(i)		
(ii)		
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14. 0	Competence in Computer Applications:	Enclosure No.
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12. Academic Distinctions (Award/Scholarship/ Rank, etc.): (Enclose additional sheet, if required, in the same format)

Enclosure No.

15. Additional Information about representing the University/ College at the inter-university/intercollegiate competitions or the State and/or National Championships and Extracurricular Activities, if any: (Use separate sheets, if necessary)						
	••••••					
16. Name and Postal Address of Two	Referees:					
Referee 1	Referee 2					
E-mail ID :-	E-mail ID :-					
Mobile No.:-	Mobile No.:-					
17. Total No. of Enclosure Attached :						
Date :						
Place :						
	(Signature of Applie	cant)				

DECLARATION - I

I, hereby, declare that, all information submit	ted in this application and in its						
accompaniments is true, complete and correct to the best of my knowledge and							
belief. I accept that in the event of any information being found false, incomplete, or							
incorrect, my candidature/appointment for the post of							
is liable to be cancelled / terminated at any							
stage. I further understand that no cognizance sl	hall be taken of any request for						
withdrawal of my application. I have read carefu	ally all instructions given in the						
employment Notice No	Dated						
on the website of the Univ	ersity.						
DATE :							
PLACE :							
	(Name & Signature of Applicant)						

DECLARATION - II							
I, Dr./Shri/Mrs./Ms							
Son / Daughter / Husband / Wife of Dr. Shri							
aged years resident at							
do hereby declare as follows:-							
1. That I have filled my application for the post of							
2. I have ((Number) living children as on today, out of							
which number of children born after 28th March, 2005 is / are							
(Mention date of Birth, if any.)							
3. I am aware that if total number of living children are more than two, due to							
the children born after 28th March, 2006, I am liable to be disqualified for							
the same post.							
DATE :							
PLACE :							
(Name & Signature of Applicant)							

ENDORSEMENT BY THE EMPLOYER

(For in-service candidates only)

To be signed and forwarded by the present employer.

Forwarded to: The Registrar Gondwana University, Gadchiroli M. I. D. C. Road, Complex, Gadchiroli Dist- Gadchiroli, Maharashtra State. Pin Code: 442605.
The applicant Dr. / Shri / Mrs. / Ms
who has submitted this application for the post of
in the Gondwana University, Gadchiroli has been working in
, on the post of
in a temporary / permanent capacity with effect
from in the Scale of Pay / Pay
Band of Rswith Grade Pay
of Rs His/her next increment is due
on
Further, it is certified that no disciplinary / vigilance case has ever been held
or contemplated or is pending against the said applicant.
There is no objection for his/her application being considered by the
Gondwana University, Gadchiroli.
Name:
Designation: OFFICE SEAL
Place :
Date :

GONDWANA UNIVERSITY GADCHIROLI

Pro	forma	- Δ

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	Statemen	nt showing	particulars	of applican	t for the po	ost of						
Post Category:				Subject :					Advt. No. GUG/26/2018 Dated 23/03/2018			
Name &				Academic Attainments		Experience (Yr./Month/I		h/Days)				
Correspondence Address of the Applicant with Contact No. & E-mail ID	Age/Date of Birth	Category (Cast)	Degree Awarded	Year of Passing	% / CGPA	Div./Grade	Teaching	Research	Admin.	Publications, if any	API Score (if applicable)	Any other Information , if any
01	02	03	04	05	06	07	08	09	10	11	12	13
										International: Own: Joint: Total: National: Own:		
										Joint : Total :		
	•			•		•	•		•	ng is found false at a		candidature
Date:							Signature of Applicant :					
Place:							Name of Applicant:					