



# **GONDWANA UNIVERSITY, GADCHIROLI**

(Established by Government of Maharashtra Notification No. MISC -2007/(252/07) UNI -4 Dated 27<sup>th</sup> Sept.2011 & Presently a State University Governed by Maharashtra public University Act, 2016 (Maharashtra Act No. VI of 2017)

**(Office of the Registrar)**

Phone No. 07132-223104

E-mail : gug.registrar@gmail.com

No./GUG/Reg/10409/2022

Date:10 /11/2022

## **Notification**

This is to notify that application along with Bio-data and information in prescribed format A,B & C are invited from the Principals, Professors of affiliated colleges and Heads of the recognized institutions for nominations on Academic Council by the Hon'ble Vice-Chancellor, Gondwana University, Gadchiroli in consultation with Hon'ble Chancellor as per the provisions made in Maharashtra Public Universities Act, 2016 under Section 32(3)(f) :

- i) Principals (Eight)
- ii) Professors (Two)
- iii) Head of the recognized institutions (One)

The eligibility conditions for being nominated as a member of the authority is as per schedule II mention in column no. 3 on Sr. No. i, ii & iii of Direction No.15-I of 2022 of the Gondwana University, Gadchiroli.

All are requested to enclose the required self attested documents along with application dully forwarded by the respective forwarding authority.

The last date for submission of Bio-data along with application in prescribed format to the Registrar, Gondwana University, Gadchiroli will be **20/11/2022 till 5.00 P.M.**

(Dr. Anil Hirekhan)

Registrar

Gondwana University, Gadchiroli

- Encl :** 1. Bio-Data (format)  
2. Format for principal, Professor & Head of the recognized institutions

## **Bio-Data (format)**

1. Full name of applicant (in capital letters) :-  
With initials expanded, as in official records
2. Nomination is under section :-
3. Faculty/Board of studies applied for :-
4. Sex (Male/Female) :-
5. Date of birth (Day-Month-Year) :-
6. Age as on 31/08/2022 :-
7. a) Present Post :-  
b) Designation and grade :-  
c) Date from which held :-  
d) Name of the organization :-
8. Address for communication :-
9. Contact details :-  
a) Mobile Number :  
b) E-mail IDs :
10. Date of Award of Doctorate Degree :-
11. Service Experience in Years (Cadre wise) :-  
i) Assistant Professor :  
ii) Associate Professor :  
iii) Professor :  
iv) Principal :
12. Number of Students Guided for Research :-  
a) M. Phil :  
b) Doctorate degree :  
c) Post-Doctoral :

13. Number of Research Papers published :-
- Peer reviewed Journals :
    - i) State Journals :
    - ii) National Journals :
    - iii) International Journals :
14. Number of Books published :-
- a) National Publisher :
  - b) International Publisher :
15. Projects completed/on going with outlay :-
16. No. of Conferences/Seminars/Workshops organized :-
- a) State :
  - b) National :
  - c) International :
17. No. of Conferences/Seminars/Workshops attended :-
- a) State :
  - b) National :
  - c) International :
18. Worked on various authorities & bodies :-  
Of the University
19. Awards received :-
20. Participation in co-curricular/Extra curricular activities :-
21. Patents if any :-
22. Additional if any :-
- i) Persons from Sports
  - ii) Persons from Engineering
  - iii) Professional from different fields can submit their  
Customized bio-data as per their Expertise

Date:

Place:

Signature



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## Format for Principal

**Subject : Submission of name & other required information for nomination on Academic Council by the Hon'ble Vice-Chancellor under the provision of Maharashtra Public University Act, 2016 section 32(3)(f)(i)**

Full Name: .....  
(In Block Letters)  
(Surname first)

Residential Address: .....  
.....  
..... Pin Code .....

Date of Birth: .....

Educational Qualification: .....  
.....

Name of the College address: .....  
.....  
..... Pin Code .....

Date of joining (As Teacher): .....

Date of joining (As Principal): .....

University approval letter number & date  
(As Teacher): .....

University approval letter number & date  
(As Principal): .....

//2//

Phone Number: (Office) ..... (Residential) .....

Mobile Number: .....

Email ID: .....

I, hereby certify that, I have not incurred any of the disqualification mentioned u/s 64 of the Maharashtra Public Universities Act, 2016

I, hereby declare that, the information furnished in this proforma is true and correct to the best of my knowledge and belief. In case any information given by me is found to be incorrect of false, my request shall be liable to be rejected.

**Enclosure:** Self Attested copy of required documents.

Yours faithfully

Signature of the Principal  
With seal of college

**Forwarded**

Signature & Seal of  
Chairman/Secretary of the  
College Management

Format (B)



## GONDWANA UNIVERSITY, GADCHIROLI

Information relating to the affiliated, autonomous colleges and recognize institutions for the nomination on Academic Council under section 32(3)(f)(ii) under Maharashtra public University Act,2016

Name of the Institution/college: .....

Sr. No.	Full name of the professor (surname first) (In Block Letters)	subject	faculty	Educational Qualification	Date of joining	Date of letter Number of Approval by the University	Residential address	Mobile No. & Email ID
1.	2.	3.	4.	5.	6.	7.	8.	9.

I, hereby certify that, I have not incurred any of the disqualification mentioned u/s 64 of the Maharashtra Public University Act, 2016.

I, hereby declare that, the information furnished in this proforma is true and correct to the best of my knowledge and belief. In case any information given by me is found to be **incorrect of false**, my request shall be liable to be rejected.

Place:

Date:

Signature of the Professor

### Forwarded

Place:

Date:

Signature & Seal of  
Principal of the College



**GONDWANA UNIVERSITY, GADCHIROLI**

Information relating to the affiliated, autonomous colleges and recognize institutions for the nomination on Academic Council under section 32(3)(f)(iii) under Maharashtra public University Act,2016

**Name of the recognized Institution:** .....

Sr. No.	Full name of the Head of the recognized Institution (surname first) (In Block Letters)	subject	faculty	Name of the Board of	Date of Appointment as a Head in recognized institution	Total length of service of approved Head as recognized institution	Residential address	Mobile No. & Email ID
1.	2.	3.	4.	5.	6.	7.	8.	9.

I, hereby certify that, I have not incurred any of the disqualification mentioned u/s 64 of the Maharashtra Public University Act, 2016.

I, hereby declare that, the information furnished in this proforma is true and correct to the best of my knowledge and belief. In case any information given by me is found to be **incorrect of false**, my request shall be liable to be rejected.

Place:

Date:

Signature of the Head of the  
Recognized Institutions