



GONDWANA UNIVERSITY GADCHIROLI.

Application form for the Post of Registrar

Advertisement No : 65/2026

Dated : 10/04/2026

- Important Note** : 1) The Application Form available on the University website should not be changed in any manner, otherwise it will be treated as cancelled.
2) Communications regarding this should be done through E-Mail only.

Paste
recent
Photograph

1. Name in Full : _____
(Surname First) (Fill in CAPITAL Letters only)
2. Full Address on which communications is to be sent : _____

Phone No. (R) : _____ (O) _____
Mobile : _____ Fax No. : _____
E-Mail ID : _____
3. Permanent Address : _____

4. Nationality : _____ Caste : _____ Category : _____
5. (a) Date of Birth : _____
(Mentioned as per school leaving certificate / S.S.C Certificate (Attach True Copy))
(b) Present Age (as on 11/05/2026) :
- | Years | Months | Days |
|-------|--------|------|
| | | |
6. Whether belongs to Ex-Serviceman : Yes / No (if yes, attach documentary proof)
7. Whether handicapped ? Yes / No (if yes, whether hearing, impaired / vision impaired / physically handicapped (put up \checkmark mark & furnish documentary proof)
8. Application Fee : Rs : 700/1000 Receipt No. : _____ Date : _____
9. Details of Present Employment :
- (a) Name of Employer : _____
- (b) Post held : _____
- (c) Whether Permanent, Temporary or on Probation : _____
- (d) Basic pay with pay Scale : _____
- (e) Grade Pay : _____
- (f) Special Allowances, if any : _____

18. **Fellowship and membership of learned societies and positions of responsibilities held, if any :**

19. **Name of Candidates, who have been Awarded/ Submitted Doctorate Degree on Research Work done under your Guidance. (Attach separate sheet, if necessary)**

Name of Candidate	Topic of Research	Name of University	Year

20. **Research Experience :**

- (i) Total Number of Years : _____
- (ii) Number of Thesis submitted under Supervision : _____
- (iii) Number of Degrees awarded under Supervision : _____

21. **Publications :**

- (i) **Number of Books** (Own / Joint Authorship) : _____
- (ii) **Number of Papers published** (Own / Joint Authorship) _____

22. **Additional information including Extra-curricular Activities, if any :**
(Use separate sheet, if necessary)

23. (i) Mother tongue : _____

(ii) Other Languages Known : (give details as follows)

Language	Speak	Read	Write

24. Additional Information, if any :

25. Name and Address of two Referees who are not in relation to the applicant and are not connected with GONDWANA UNIVERSITY, GADCHIROLI.

1	
2	

List of Enclosures :

1		9	
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Dated : _____

(Signature of the applicant)

Name in Block Letters : _____

DECLARATION

I declare that the entries made in the Application Form for the post of _____
against Advt. No. _____ Dated _____ are true and correct to the best of my knowledge and
belief, and I shall be responsible for incorrectness of information, if any, found subsequently.

Dated : _____

(Signature of the applicant)

REMARKS OF THE PRESENT EMPLOYER

(In case of persons already in services)

Shri/ Mr./ Ms./ Smt./ Dr. _____

Is holding a Permanent Post of _____

In the Scale of Rs. _____

And Grade pay is Rs. _____ per month. Application is forwarded and he / she will be
relieved in case if he/ she is selected for the post applied for.

Dated : _____

Signature
(Designation & Office Seal)

Declaration

Form A

(See Rule-4)

I, Shri/Smt./Kum. -----Son/ Daughter/ Wife
of Shri. -----Age -----Year, resident of -----

----- 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 no. Of children born after 28th March, 2005 is -----(Mention dates of birth, if any)
3. I am aware that if any total number of living children is more than two due to children born after 28th March, 2006, I am liable to be disqualified for the same post.

Place:

Date:

Signature