



# GONDWANA UNIVERSITY GADCHIROLI

(A State University Established by Government of Maharashtra)

Application Form No. \_\_\_\_\_  
(For office use only)

Employment Notice No. GUG/66/2026

Date:- 16/04/2026

Passport  
Size Colour  
Photograph

**Subject: - Application for the Post of Associate Professor in \_\_\_\_\_**

Name of the Post	:-	<b>Associate Professor</b>
Post Advt. No.	:-	<b>66/2026</b>
Subject/Department	:-	
Category	:-	

## APPLICATION FORM

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

1. Application Fee (Non-Refundable)		
Receipt Number	Date	Amount(Rs.)

2. Personal Details (In Capital Letter's)		Enclosure No.
Full Name (as per SSC Marksheet)		
Date of Birth (dd/mm/yy)	Age on last date of advertisement	
Gender (Male/Female)	Marital Status	
Nationality	Religion	
Category With Cast (ST/SEBC/OBC/OPEN/EWS)		
Particulars of Physical Disability, if Applicable		







<b>10.Publications :</b>							<b>Enclosure No.</b>
Number of Books Published :		[ ] <b>Own</b>	[ ] <b>Joint Authorship</b>				
Number of Books Edited :		[ ] <b>Own</b>	[ ] <b>Joint Authorship</b>				
Number of Paper Published :		[ ] <b>Own</b>	[ ] <b>Joint Authorship</b>				
<b>Own</b>				<b>Joint Authorship</b>			
International Journals	National Journals	International conference / Seminars / Symposium	National conference / Seminars / Symposium	International Journals	National Journals	International conference / Seminars / Symposium	National conference / Seminars / Symposium
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
<b>Note : Give the details of Publications on separate sheets</b>							

<b>11.Administrative Experience</b>								<b>Enclosure No.</b>
<b>Post Held</b>	<b>Basic Pay &amp; Pay Band with A.G.P.</b>	<b>University / Institution</b>	<b>Period</b>		<b>Administrative Experience</b>			
			<b>From</b>	<b>To</b>	<b>Y</b>	<b>M</b>	<b>D</b>	
Total Administrative Experience : [ -----Y(Years)][ -----M(Months)][ -----D(Days)]								
<b>Special contributions, if any :</b>								
.....								
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.....								
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.....								
.....								
.....								
(Enclose additional sheet, if required, in the same format)								





**DECLARATION - I**

I, hereby, declare that, all information submitted 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 shall be taken of any request for withdrawal of my application. I have read carefully all instructions given in the employment Notice No. ----- Dated -----  
----- on the website of the University.

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 28<sup>th</sup> 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 28<sup>th</sup> 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.

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 Rs. -----with 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.

-----  
Signature of the forwarding authority

Name : -----

Designation : -----

**OFFICE SEAL**

Place : -----

Date : -----

## GONDWANA UNIVERSITY GADCHIROLI

**Proforma - A**

**Statement showing particulars of applicant for the post of Associate Professor**

Post Category : ----- Subject :- ----- Advt. No. **GUG/66/2026 Dated 16/04/2026**

Name & Correspondence Address of the Applicant with Contact No. & E-mail ID	Age/Date of Birth	Category (Cast)	Academic Attainments				Experience (Yr./Month/Days)			Publications, if any	API Score (as per Appendix II, Table 2 of UGC Regulation 2018)	Any other Information, if any
			Degree Awarded	Year of Passing	% / CGPA	Div./Grade	Teaching	Research	Admin.			
01	02	03	04	05	06	07	08	09	10	11	12	13
			-----	-----	-----	-----				<b>International :</b>  Own :- _____  Joint :- _____  Total :- _____	_____	
			-----	-----	-----	-----						
			-----	-----	-----	-----						
			-----	-----	-----	-----						
			-----	-----	-----	-----						
			-----	-----	-----	-----						
			-----	-----	-----	-----						<b>National :</b>  Own :- _____  Joint :- _____  Total :- _____

I hereby declare that all the entries made by me are true to the best of my knowledge and belief. If anything is found false at any stage, my candidature for the Post of \_\_\_\_\_ may be cancelled without assigning any reason thereof.

Date : -----

Signature of Applicant : -----

Place : -----

Name of Applicant : -----