

(A State University Established by Government of Maharashtra)

Application Form No. ____ (For office use only)

Employment Notice No. GUG/53/F/2023

Date:- 21/09/2023

Passport Size Colour Photograph

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

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

APPLICATION FORM

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

1. Application F	ee (Non-Re	гјипаавіе)		
NEFT Details	Date	Amount(Rs.)	Name of Bank	Branch Name

2. Personal Details (In Cap	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/VJ-A/ OBC/OPEN/EWS		
Particulars of Physical Disability, if Applicable		

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Address for Corresp	ondence	Permanent Address			
Pin Code:		Pin Code:			
4. Communication	Details				
E-mail ID					
Phone No.					
Phone No. Mobile No.					

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9. Research Experience :					Enclosure No.
Number of Ph. D. Degrees A Supervision	warded under []				
Number of Ph. D. Thesis Submitted under Supervision		[]		
Number of Ph. D. Students Registered under Supervision		[]		
Total Research Experience	[Y(Years)][М(Мо	nths)][D(Days)]

10.Publi	cations:								E	nclosure No.
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12. Academic Distinctions (Award/Scholarship/Rank, etc.): (Enclose additional sheet, if required, in the same format)			
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13. Membership/Fellowship of learned Accredited Academic Bodies (Enclose additional sheet, if required, in the same format)			
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14. Competence in Computer Applications:	Enclosure No.
	1 5

15. Additional Information College at the inter-univers State and/or National Char Activities, if any: (Use sep	sity/intercoll mpionships a	legiate competitions or the nd Extracurricular	Enclosure No.
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(Name & Signature of Applicant)

DECLARATION - I

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DECLARATION - 1
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
2. I have ((will bel) living children as on today, but of
which number of children born after 28th March, 2005 is / are
which number of children born after 28th March, 2005 is / are
which number of children born after 28th March, 2005 is / are (Mention date of Birth, if any.)
which number of children born after 28th March, 2005 is / are
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
which number of children born after 28th March, 2005 is / are

ENDORSEMENT BY THE EMPLOYER

(For in-service candidates only)

To be signed and forwarded by the present employer.

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.							
Signature of the forwarding authority							
Name:							
Designation: OFFICE SEAL							
Place :							
Date:							

GONDWANA UNIVERSITY GADCHIROLI

Pro	forma	- A

Post Category	:			Subject	:				Advt. N	o. GUG/53/F/202	3 Dated 21/09	/2023
Name &	Age/Date of Birth			Academic Attainments		Experience (Yr./Month/		1/Days)		API Score		
Correspondence Address of the Applicant with Contact No. & E-mail ID		Category (Cast)	Degree Awarded	Year of Passing	% / CGPA	Div./Grade	Teaching	Research	Admin. Publications, if any	(as per Appendix II, Table 2 of UGC Regulation 2018)	Any other Information , if any	
01	02	03	04	05	06	07	08	09	10	11	12	13
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I hereby for the Post of Date :						_			assignii	ng is found false at ng any reason there are of Applicant:	eof.	
Place :									Name o	of Applicant :		