

**GONDWANA UNIVERSITY GADCHIROLI**  
(A State University Established by Government of Maharashtra)

Application Form No. -----  
(For Office use only)

Employment Notice No. : GUG/53/A/2023

Dated :- 21/09/2023

Paste Recent  
Colour  
Photograph

**Sub :- Application for the Post of Director of Board of Examinations and Evaluation.**

**APPLICATION FORM**

(Please read the general instructions, Terms & conditions before filling the form)

1. Application Fee (Non-Refundable)				
NEFT/RTGS Details	Date	Amount(Rs.)	Name of the Bank	Branch Name

2. Personal Details (In Capital Letters)				Enclosure No.
Full Name (Surname First)				
Date of Birth (DD/MM/YY)		Age on last date of advertisement		
Gender (Male/Female)		Marital Status		
Nationality		Religion		
Category with Caste				
Particulars of Physical Disability, If Applicable				

3. Address	
Address for Correspondence	Permanent Address
Pin Code:-	Pin Code:-



7. Particulars of Employment  
(Attach attested xerox copies of certificates and **Service book** issued by employer)

(A)

Name of the Institution / University	Post held with pay scale	Requisite Qualification at the time of appointment as per UGC/ State Govt.	Teaching Experience			
			Under Graduate		Post Graduate	
			From	To	From	To

(B)

Sr. No.	Post held	Teaching Experience	
		Years	Months
i)	Assistant Professor (Grade III or Higher)		
ii)	Associate Professor		
iii)	Professor		
	<b>Total</b>		

8. Particulars of Employment in the recognized Research Institute/ Institutions of Higher Education ( Attach attested xerox copies of certificates issued by employer)

Name of Institution	Post held with pay scale	Duration of Work		Work Experience	
		From	To	Years	Months
<b>Total</b>					

9. **Administrative Experience.**

(Attach attested xerox copies of certificates and **Service book** issued by employer)

Name of Institution	Post held with pay scale	Duration of Work		Administrative Experience	
		From	To	Years	Months
<b>Total</b>					

11. **Medals received/ awarded :**

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11. **Other Academic Distinctions acquired :**

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12. **Research Experience** (Attach testimonials/Certificates with self attestation) :

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13. **Details of Publication indicating Name of Author(s) Title of Publication, Publishers, Research Journal Year, etc** (Attach separate sheets, if necessary).

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

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

Name of Candidate	Topic of Research	Name of University	Year

16. **Research Experience :**

- (i) Total Number of Years : \_\_\_\_\_  
 (ii) Number of These submitted under Supervision : \_\_\_\_\_  
 (iii) Number of Degrees awarded under Supervision : \_\_\_\_\_

17. **Publications :**

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

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

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19. (i) **Mother tongue :** \_\_\_\_\_

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

Language	Speak	Read	Write

20. **Additional Information :**

A) Details of Examination Work carried out :-

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B) Details of experience of use of Technology in Education and Examination System:-

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

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2	

22. List of Enclosures :

1		9	
2		10	
3		11	
4		12	
5		13	
6		14	
7		15	
8		16	

**Note:-** All encloser must be self attested

Date : \_\_\_\_\_

\_\_\_\_\_ (Signature of the applicant)

Name in Block Letters : \_\_\_\_\_

**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 -----  
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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 :- -----

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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.

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Signature of the forwarding authority

Name : -----

Designation : -----

Place : -----

Date : -----

**OFFICE SEAL**



**GONDWANA UNIVERSITY GADCHIROLI**

**Proforma - A**

Statement showing particulars of applicant for the post of **DIRECTOR Board of Examinations and Evaluation**

Category :	No. of Post : <b>01</b>	Advt. No. <b>GUG/53/A/2023 Dated 21/09/2023</b>
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Name & Correspondence Address of the Applicant with Contact No. & E-mail ID	Date of Birth	Academic Qualifications				Experience (Year/Month/Days)				Distinctive Contribution for the use of Technology in Education and Examinations System	Distinctive Contribution in Educational Administration and Research	Publications in UGC listed or Peer Reviewed Journals
		Degree(s) Awarded	Year of Passing	% / CGPA	Div. / Grade	Teaching	Research	Admin.	Distinctive Contribution in Examination Work			
1	2	3	4	5	6	7	8	9	10	11	12	13
		-----	-----	-----	-----							<b>International :</b> Own: ----- Joint: ----- <b>Total : -----</b>  <b>National :</b> Own: ----- Joint: ----- <b>Total : -----</b>

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 statutory officer's Post of Director, Board of Examinations and Evaluation may be cancelled without assigning any reason thereof.

Date : -----

Place : -----

Signature of Applicant : -----

Name of Applicant : -----