



GONDWANA UNIVERSITY GADCHIROLI

Application form for the Post of Director of Innovation, Incubation and Linkages.
Advertisement No : GUG/53/B/2023 **Dated : 21/09/2023**

Last Date for Submission of Application Form is 20/10/2023

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

Dated :- 21/09/2023

*Pest Resent
Passport Size
Colour
Photograph*

1. Personal Details (In Capital Letters)				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 Caste				
Particulars of Physical Disability, If Applicable				

2. Address	
Address for Correspondence	Permanent Address
Pin Code:-	Pin Code:-
Application Fees	1000/-
NEFT/RTGS No.	
Name of Bank	
Date	

3. Communication Details						
E-mail Id						
Phone No.						
Mobile No.						
Aadhar Number						
4. Educational Qualifications (Matriculation onward)						Enclosure No.
Name of Exam. / Degree	University / Institution / Board	Year Of Passing	Percentage Of Marks	Division / Class / CGPA		
(Please use an additional sheet, if required, retaining the above tabular format)						
Ph.D. (Mark <input type="checkbox"/> in Appropriate Box)	Degree Awarded [<input type="checkbox"/>]	Thesis Submitted [<input type="checkbox"/>]				
Title of Thesis / Dissertation (if published, give details on a separate sheet)						
Ph. D.						
M. Phill.						
P. G.						
Particulars of NET / SET / or Equivalent Exam						
5. Present Position						Enclosure No.
Designation	University / Institution	Form Date	Basic Pay	Pay Scale / Pay Band	Gross pay / Total Salary p.m.	

6. Teaching Experience as an approved full-time teacher								Enclosure No.
Post Held	Basic Pay & Pay Band with A.G.P.	University / Institution	Period		Teaching Experience			
			From	To	Y	M	D	

Total Teaching Experience : [-----Y(Years)][-----M(Months)][-----D(Days)]

Special contribution, if any :

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(Enclose additional sheet, if required, in the same format)

7. Experience in Research Establishment / Institutions of Higher Learning / Industries / Professional								Enclosure No.
Post Held	Basic Pay & Pay Band with A.G.P.	University / Institution	Period		Teaching Experience			
			From	To	Y	M	D	

Total Teaching Experience : [-----Y(Years)][-----M(Months)][-----D(Days)]

Special contribution, if any :

12. Experience of establishment of Collaborations / Linkage at National / International Level	Enclosure No.
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(Enclose additional sheet, if required, in the same format)	

13. Detail about executed major Research / Consultancy / Industrial Projects									Enclosure No.
Sr. No.	Title of the Projects	Name of Agency	Period	Type of Project (Research Consultancy / Industrial)	Whether Collaborative of Joint	Linkage at (National / International University or Institution or Industry)	Grant/ Amount Mobilized (Rs. In Lakhs)	Whether Policy Document / Patent as outcome	

14. Evidence regarding knowledge in the field of Intellectual Property Rights	Enclosure No.
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(Enclose additional sheet, if required in the same format)	

15. Academic Distinctions (Award/Scholarship/ Rank, etc.) Enclose additional sheet, if required, in the same format		Enclosure No.
(i)		
(ii)		
(iii)		
(iv)		
(v)		
(vi)		
(vii)		
(viii)		

16. Membership / Fellowship of Learned Accredited Academic Bodies: Enclose additional sheet, if required, in the same format		Enclosure No.
(i)		
(ii)		
(iii)		
(iv)		
(v)		
(vi)		
(vii)		

17. Competence in Computer Application:	Enclosure No.
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18. Additional Information, if any: (Use separate sheet, if necessary)	Enclosure No.
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19. Name and Address of two Referees who are not in relation to the applicant and are not connected with GONDWANA UNIVERSITY, GADCHIROLI.	
Name and Postal Address of Two Referees:	
Referee 1	Referee 2
E-mail Id :	E-mail Id :
Mobile No. :	Mobile No. :

20. Total No. of Enclosures attached: -----

DATE :- -----

PLACE :- -----

(Name & Signature of Applicant)

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 **Director of Innovation, Incubation and Linkages** 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. **GUG/53/B/2023** Dated **21/09/2023** 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 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 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 : -----

Place : -----

Date : -----

OFFICE SEAL

