

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 I	etters)	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		

Permanent Address
Pin Code:-
1000/-

3.Communica E-mail Id	ation Details					
Phone No.					14,2,	
Mobile No.	1 - 2 - 2/2/2					6 July 20
Aadhar Numb	er					
4.Educationa	l Qualifications (M	Iatriculatio	on onward)			
Name of Exam. / Degree	Univers Instituti Board	ity/ on/	Year Of Passing	Percentage Of Marks	Division / Class / CGPA	Enclosure No.
	additional sheet, if				format)	
Ph.D. (Mark of Appropriate Box)	in Degree Awar	ded []	Thesis	Submitted [
Title of Thesis	s / Dissertation (if p	ublished, g	give details	on a separate sl	heet)	
Ph. D.						
M. Phill.						
P. G.					51-	
Particulars of NET / SET / or Equivalent Exam						
5.Present Pos	ition					
Designation	University / Institution	Form Date	Basic Pay	Pay Scale / Pay Band	Gross pay / Total Salary p.m.	Enclosure No.

Pay Band with A.G.P. al Teaching Experience:	Institution [Y(Years)][From	To Months)	[D()	M D Days)]	
1 Teaching Experience : zial contribution, if any	[Y(Years)][М(Г	Months)]	[D(1	Days)]	
1 Teaching Experience :	[Y(Years)][:	М(Г	Months)]	[D(1	Days)]	
1 Teaching Experience : rial contribution, if any	[Y(Years)][:	М(Г	Months)]	[D(1	Days)]	
1 Teaching Experience :	[Y(Years)][-:	М(Р	Months)]	[D(1	Days)]	
1 Teaching Experience :	[Y(Years)][:	М(Г	Months)]	[D(1	Days)]	
1 Teaching Experience : rial contribution, if any	[Y(Years)][:	М(Г	Months)]	[D(1	Days)]	
1 Teaching Experience : rial contribution, if any	[Y(Years)][-:	М(Р	Months)]	[D(1	Days)]	
l Teaching Experience : zial contribution, if any	[Y(Years)][-	М(Г	Months)]	[D(1	Days)]	
l Teaching Experience :	[Y(Years)][:	М(Г	Months)]	[D(1	Days)]	
d Teaching Experience :	[Y(Years)][-	М(Г	Months)]	[D(1	Days)]	
Il Teaching Experience : cial contribution, if any	[Y(Years)][М(Г	Months)]	[D()	Days)]	
ll Teaching Experience : cial contribution, if any	[Y(Years)][-	M(F	Months)]	[D(Days)]	
d Teaching Experience : cial contribution, if any	[Y(Years)][-	M(I	Months)]	[D(1	Days)]	
al Teaching Experience : cial contribution, if any	[Y(Years)][-	M(I	Months)]	[D(1	Days)]	
cial contribution, if any	:					
close additional sheet, if r sperience in Research E ndustries / Professional	equired, in the same	e format) itutions of	Higher l			- Enc
Basic Pay &	University /	Pe	eriod		aching	Enc
ald Pay Band					erience	
with A.G.P.		From	То	Y	M D	
			-			-
						+
			3-1 V	1 1		
			The sales	4		1
						1
xperience in Research E ndustries / Professional	equired, in the same stablishment / Inst University / Institution	itutions of	F Higher I	Tea	achin	

.

8.Research Experience: Number of Ph. D. Degrees Awarded under Supervision: []
No.
Number of Ph. D. Degrees Awarded under Supervision : []
No.
Enclosure

Post	Basic Pay & Pay	University /	Per	riod		Teachir Experier		Enclosure No.
Held	Band with A.G.P.	Institution	From	То	Y	M	D	140.

							- 1	
Total Adı	ministrative I	Experience : [V(Veal	rs)][M(Mon	ths)][D(Da	l(sv
	ontribution,		1(100)	3)][112(11201	(LIS)][2(2)	30/1
• • • • • • • • • • • • • • • • • • • •	•••••							
				•••••				
						·········		
(Enclose	additional sl	heet, if required	, in the same	format)				
(Enclose	additional sl	heet, if required	, in the same	format)				
					try			En
		heet, if required			try			En
					try			En
					try			En
					try			En
					try			En
					try			En
					try			En
					try			En
					try			En
					try			En
					try			En
					try			En
					try			En
11.Exper	rience of esta		n Enterpris	e / Indus	try			Eı

				ent of Coll	aborations /	Linkage at N	National /		Enclosure
	Internati	ional Le	vel						No.
		•••••			• • • • • • • • • • • • • • • • • • • •				
				•••••					
									The way
				•••••				• • • • • • • • • • • • • • • • • • • •	
				•••••					
(En	close add	itional sł	neet, if r	required, in	the same form	mat)			
					=1 2				
13.	Detail ab	out exec	uted m	ajor Resea	rch / Consul	tancy / Indus	strial Proj	ects	
Sr.	Title of	Name	Period	Type of	Whether	Linkage at	Grant/	Whether	Enclosur
No.	the Projects	of Agency		Project (Research	Collaborative of Joint	(National / International	Amount Mobilized	Policy Document /	e
				Consultancy / Industrial)		University or Institution or	(Rs. In Lakhs)	Patent as outcome	No.
				/ maddini		Industry)	Edikilo)	outcome	
								17.7	
							2		
									Enclosure
14.	Evidence	regard	ing kno	wledge in t	he field of Ir	itellectual Pr	operty Rig	ghts	No.
••••	•••••	•••••	•••••	•••••	•••••			•••••	
••••	•••••	•••••	•••••	•••••	•••••		•••••		
	•••••	•••••	•••••	•••••	•••••				
••••	•••••		•••••	•••••	•••••		•••••		
		•••••	•••••						
						•••••			
(En	close add	itional sl	neet, if	required in t	he same forn	nat)			

A STATE OF THE PARTY OF THE PAR	stinctions (Award/Scholarship/ Rank, etc.) Inclose additional sheet, if required, in the same format	Enclosure No.
(i)	motore additional bitoot, in royalion, in the same re-	
(ii)		2 2
(iii)		
(iv)		
(v)		
(vi)		
(vii)		
(viii)		
16. Membership	/ Fellowship of Learned Accredited Academic Bodies:	Enclosure
Enclose additional	/ Fellowship of Learned Accredited Academic Bodies: al sheet, if required, in the same format	Enclosure No.
Enclose additiona (i)	d sheet, if required, in the same format	
Enclose additiona	d sheet, if required, in the same format	
Enclose additiona	/ Fellowship of Learned Accredited Academic Bodies: al sheet, if required, in the same format	
Enclose additiona (i) (ii)	A Fellowship of Learned Accredited Academic Bodies: all sheet, if required, in the same format	
Enclose additiona (i) (ii) (iii)	/ Fellowship of Learned Accredited Academic Bodies: all sheet, if required, in the same format	
Enclose additiona (i) (ii) (iii) (iv)	/ Fellowship of Learned Accredited Academic Bodies: al sheet, if required, in the same format	
Enclose additiona (i) (ii) (iii) (iv) (v)	/ Fellowship of Learned Accredited Academic Bodies: al sheet, if required, in the same format	

17. Competence in Computer Application:	Enclosure No.

		Enclosure No.
9. Name and Address of two Referee	s who are not in relation to the applicant	and are no
onnected with GONDWANA UNIVER	RSITY, GADCHIROLI. stal Address of Two Referees:	
Referee 1	Referee 2	
	E-mail Id:	
	E-mail Id : Mobile No. :	
Mobile No. :	Mobile No.:	
E-mail Id : Mobile No. : 20. Total No. of Enclosures attached:	Mobile No.:	
Mobile No. :	Mobile No.:	
Mobile No. :	Mobile No.:	
Mobile No.:	Mobile No.:	
Mobile No.: O. Total No. of Enclosures attached:	Mobile No.:	
Mobile No.:	Mobile No.:	
Mobile No.: O. Total No. of Enclosures attached:	Mobile No.:	

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 28 th 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 th 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)

(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

Pro	forma	4	A
-----	-------	---	---

Statement showing particulars of applicant for the Statutory officers post of Director of Innovation, Incubation and Linkages

Post Category : **Open** No. of Post : **01 (ONE)** Advt. No. **GUG/53/B/2023 Dated 21/09/2023**

Name & Correspondence Address of the Applicant with Contact No. & E-mail Id	Date of Birth	of			Experience (Years /Months/Days)					No. of executed major Research / Consultancy / Industrial Projects	Evidence regarding knowledge in the field of Intellectual Property Rights	Publications	
		Degree Awarded	Year of Passing	% / CGPA	Div. / Grade	Teaching	Research	Admin.	Establishment of an Enterprise / Industry	Establishing Collaborations / Linkages at National International Level			
1	2	3	4	5	6	7	8	9	10	11	12	13	14
													International: Own: Joint: Total: National: Own: Joint:
e de la companya de l													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 statutory officers Post of Director of Innovation, Incubation and Linkages may be cancelled without assigning any reason thereof.

Date :		Signature of Applicant:
Place:		Name of Applicant :