



GONDWANA UNIVERSITY GADCHIROLI.

Application form for the Post of Director, Knowledge Resource Center

Advertisement No : GUG/53/C/2023

Dated : 21/09/2023

- Important Note :** 1) The Application Form available on the University website should not be changed in any manner, otherwise it will be treated as cancelled.
2) Communications regarding this should be done through E-Mail only.

Paste recent
Photograph

Sub :- Application for the Post of Director, Knowledge Resource Center

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 (SC/ST//OBC / OPEN)				
Particulars of Physical Disability, If Applicable				

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

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

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

15. **Name of Candidates, who have been Awarded/ Submitted Doctorate Degree on Research Work done under your Guidance.** (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 Thesis 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)

19. (i) Mother tongue : _____

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

Language	Speak	Read	Write

20. Additional Information, if any :

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

1	
2	

22. List of Enclosures :

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

Dated : _____

Name & Signature of the 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 Knowledge Resource Center 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/C/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 : -----

OFFICE SEAL

Place : -----

Date : -----

GONDWANA UNIVERSITY GADCHIROLI

Proforma - A

Statement showing particulars of applicant for the Statutory officers post of *Director of Knowledge Resource Center*

Category :	No. of Post : 01 (ONE)	Advt. No. GUG/53/C/2023 Dated 21/09/2023
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Name & Correspondence Address of the Applicant with Contact No. & E-mail Id	Date of Birth	Academic Qualifications				Experience (Years /Months/Days)					Publications
		Degree Awarded	Year of Passing	% / CGPA	Div. / Grade	Teaching/Professional	Research	Admin.	Evidence of Innovative Library Services(attached separate sheet, if necessary)	Evidence of Innovative Practices in integration ICT in a library (attached separate sheet, if necessary)	
1	2	3	4	5	6	7	8	9	10	11	14
	Age on last date of advertisement	-----	-----	-----	-----						International : Own : ----- Joint : ----- Total : ----- National : 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 statutory officers Post of Director of Knowledge Resource Center may be cancelled without assigning any reason thereof.

Date : -----

Place : -----

Signature of Applicant : -----

Name of Applicant : -----