

GONDWANA UNIVERSITY GADCHIROLI

(A State University Established by Government of Maharashtra)

Application	Form	No.	
		(Fo	or Office use only)

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

Dated: - 21/09/2023

Paste Recent Colour Photograph

Sub: - Application for the Post of: - DIRECTOR of Sports and Physical Education.

APPLICATION FORM

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

NEFT/RTGS Details	Date	Amount(Rs.)	Name of the Bank	Branch Name

2. Personal Details (Ir	Capital Letters)	Enclosure No.
Full Name		
(Surname First)		
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(SC/ST/OBC/		
OPEN)		
Particulars of		
Physical Disability, If		
Applicable		

3. Address		
Address for Correspondence	Permanent Address	
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Phone No.						
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5. Education Name of	al Qualifications				Division /	Enclosure
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9. Ex	perience as a National Co	ach		E - l
Sr. No	Period	Name of the Sport	Appointing Body / Authority	Enclosure No.

Sr. No	Year			ng statutory ody	Level (University / District / State / National / International)	Enclo N
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	Participation in N		Title of		Level of Seminar /	Encl No.
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		on in developing Teams / Athloversity / Combined University		petitions at State / National	Enclosure
Sr. No.	Year	Event	Team/ Athlete	Level (State/National/Inter-University / Combined University)	No.

		oout State/National level Awa Chhatrapati Award, etc.	rd like Arjun :	award, Dronacharya	Enclosure
Sr. No.	Year	Name of Award	Name of the Sport & Level	Awarding Authority / Body	No.
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	rofessional Distinctions (Award/Scholarship/Rank, etc):	Enclosure
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15. M	lembership / Fellowship of statutory Sports Bodies	Enclosure
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16. C	ompetence in Computer Applications:	Enclosure No.
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DECL	AKA	VII.	UN	-

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						
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)

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 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

Proforma - A

Statement showing particulars of applicant for the post of DIRECTOR of Sports and Physical Education					
Category:	No. of Post : 01	Advt. No. GUG/53/D/2023 Dated 21/09/2023			

Name &		Academic Qualifications				Experience (Year/Month/Days)					No. of State	No. of
Correspondence Address of the Applicant with Contact No. & E- mail ID	orrespondence Address of the pplicant with ntact No. & E-	Degree(s) Awarded	Year of Passing	% / CGPA	Div. / Grade	Teaching/ Professio nal	Admin.	As a National Coach	Evidence of organizing competitions and coaching camps of at least two weeks duration	Contribution in developing Teams/ Athletes for Competitions	/ National Level Award by statutory bodies	National / International Seminars / Conferences Attended
1	2	3	4	5	6	7	8	9	10	11	12	13
	Age on last date of advertise ment										STATE Total Award NATIONAL Total Award	International: Seminar: Conference: Total: Seminar: Conference: 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 officer's Post of Director of Sports and Physical Education may be cancelled without assigning any reason thereof.

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