



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

Application Form No. -----  
(For 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)

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:-

4. Communication Details	
E-mail ID	
Phone No.	
Mobile No.	
Aadhar Number	

5. Educational Qualifications (Matriculation onward)					Enclosure No.
Name of Exam. / Degree	University / Institution / Board	Year Of Passing	Percentage Of Marks	Division / Class / CGPA/Grade	

(Please use an additional sheet, if required, retaining the above tabular format)

<b>Ph.D.</b> (Mark <input type="checkbox"/> in Appropriate Box)	Degree Awarded [     ]	Thesis Submitted [     ]	
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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		

6. Present Position						Enclosure No.
Designation	University / Institution	From Date	Basic Pay	Pay Scale / Pay Band	Gross pay / Total Salary p.m.	

7. Experience in Teaching /Physical Education/Sports Science 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 Experience : [ -----Y(Years)] [ -----M(Months)] [ -----D(Days)]								
Special contribution, if any :								
.....								
.....								
.....								
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.....								
.....								
.....								
.....								
.....								
(Enclose additional sheet, if required, in the same format)								
8. Administrative Experience								Enclosure No.
Post Held	Basic Pay & Pay Band with A.G.P.	University / Institution	Period		Administrative Experience			
			From	To	Y	M	D	
Total Administrative Experience : [ -----Y(Years)] [ -----M(Months)] [ -----D(Days)]								









<b>17. Additional Information :-</b> (Use separate sheet, if necessary)	<b>Enclosure No.</b>
..... .....	

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

Referee 1	Referee 2
E-mail ID :	E-mail ID :
Mobile No. :	Mobile No. :

**19. 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 :- .....

.....

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 ----- 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 -----  
-----

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 :- -----

-----

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**

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

Date : -----

Place : -----

Signature of Applicant : -----

Name of Applicant : -----