

(A State University Established by Government of Maharashtra)

Application Form No. _____(For office use only)

Date:- **21/06/2022**

Employment Notice No. GUG/43/2022

To,THE REGISTRAR Gondwana University, Gadchiroli, M.I.D.C. Road, Complex, Gadchiroli, Dist-Gadchiroli, PinCode-442605.

Passport Size Photograph

Subject: - Application for the Post of:- -----

Name of the Post	:-	
Post Advt. No.	:-	
Subject/Department	:-	

Sir,

I hereby submit my application for the post mentioned above with the following details.

APPLICATION FORM

1. Personal Details (In C	Capital Lett	er's)		Enclosure No.
Full Name				
(Surname First)				
Date of Birth		Age (In Years) as		
(dd/mm/yy)		on 07/07/2022		
Gender		Marital Status		
(Male/Female)				
Nationality		Religion		
Category With Caste				
(SC/ST/VJ-A/NT-				
(B/C/D)/OBC/OPEN/Divyang,etc.	T			
Particulars of Physical				
Disability, if Applicable				
2. Address				
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3. Communication Details(Should not be change during process)							
E-mail ID							
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5. Teaching Experience as an Approved Full-Time Teacher									
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09. Competence in Computer Applications:	Enclosure No.
10. Additional Information about representing the University/ College at the inter-university/intercollegiate competitions or the State and/or National Championships and Extracurricular, Co- curricular and extension Activities, if any: (Use separate sheets, if necessary)	Enclosure No.
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11. Total No. of Enclosure Attached :(Attach the list of enclosures along with page numbers for conve	enience)
Date :	
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(Name & Signature of Ap	 onlicant)
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DECLARATION - II	
I, Dr./Shri/Mrs./Ms	
Son / Daughter / Husband / Wife of 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) liv	ing children as on today, out of
which number of children born after 28th Ma	arch, 2005 is / are
(N	Mention date of Birth, if any.)
3. I am aware that if total number of living chi	ldren 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)