(A State University Established by Government of Maharashtra)

Application Form No. _____(For office use only)

Date:- 04/0<u>2/2023</u>

Employment Notice No. GUG/50/2023

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	:-	
Advt. No.	:-	
Subject/Department	:-	
Category	:-	

Sir,

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

APPLICATION FORM

(Please read the Note, instructions, Terms and Conditions before filling the form)

1. Applicati	on Fee (N	on-Refundabl	e)		
RTGS/NEFT	Date	Transaction ID	Amount(Rs.)	Name of Bank	Branch Name

2. Personal Details (I	n Capital Letter's)	Enclosure No.
Full Name		
(Surname First)		
Date of Birth	Age (In Years) as	
(dd/mm/yy)	on 08/03/2023	
Gender	Marital Status	
(Male/Female)		
Nationality	Religion	
Category With Caste		
(SC/ST/VJ-A/NT-		
(B/C/D)/OBC/OPEN/Divyang,etc.		

Particulars of Disability, if	3	3				
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	of NET / SET /					
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6. Pres	sent Position								
Designation	University / Institution	From Date	Basic Pay		ay /Band	Gross Pay/ Total Salary P.M.		Enclosure No.	
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8. EXPERIENCE IN RESEARCH ESTABLISHMENT / INSTITUTIONS OF HIGHER EDUCATION/INDUSTRIES/PROFESSONAL								
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Total Research

Experience

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	Academic Distinctions (Awards/Scholarships/ Ranks, etc.):	Enclosure No.				
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14. 0	Competence in Computer Applications :	Enclosure No.				
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15. Additional Information about repre College at the inter-university/intercoll State and/or National Championships a curricular and extension Activities, if a necessary)	legiate competitions or the and Extracurricular, Co-	Enclosure No.		
16. Name and Postal Address of Two	Referees:			
Referee 1	Referee 2			
E-mail ID :-	E-mail ID :-			
Mobile No.:-	Mobile No.:-			
17. Total No. of Enclosure Attached (Attach the list of enclosures along		nience)		
Date :				
Place :				
	(Name & Signature of App	 olicant)		

DECLARATION - I

I, hereby, declare that, all information submit	ted 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 pos	st of
is liable to be	cancelled / terminated at any
stage. I further understand that no cognizance si	hall be taken of any request for
withdrawal of my application. I have read carefu	ally all instructions given in the
employment Notice No	Dated
on the website of the Univ	versity.
DATE :	
PLACE :	
	(Name & Signature of Applicant)

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) 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.

Forwarded 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:

GONDWANA UNIVERSITY GADCHIROLI

Prof	forma	- A

Statement showing particulars of applicant for the post of -----

Name &			Academic Attainments			Experience (Yr./Month/Days)						
Correspondence Address of the Applicant with Contact No. & E-mail ID	Age/Date of Birth	Category (Caste)	Degree Awarded	Year of Passing	% / CGPA	Div./Grade	Teaching	Research	Admin.	Publications, if any	API Score (if applicable)	Any other Information , if any
01	02	03	04	05	06	07	08	09	10	11	12	13
										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 Post of ------ may be cancelled without assigning any reason thereof.

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