GONDWANA UNIVERSITY GADCHIROLI

(A State University Established by Government of Maharashtra)

Application Form No. \_\_\_\_\_ (For office use only)

Employment Notice No. GUG/46/2022

Date:- 16/09/2022

**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	:-	
Category	:-	

## Sir,

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

## **APPLICATION FORM**

1. Personal Details (In Capit	tal Le	tter's)	Enclosure No.
Full Name (Surname First)			NO.
Date of Birth (dd/mm/yy)		Age (In Years) as on <b>16/09/2022</b>	
Gender (Male/Female)		Marital Status	
Nationality		Religion	
Category With Caste (SC/ST/VJ-A/NT- (B/C/D)/OBC/OPEN/Divyang,etc.			
Particulars of Physical Disability, if Applicable			
2. Address			
Address for Correspondence	)	Permanent A	ddress
Pin Code:		Pin Code:	

3. Communication Details(Should not be change during process)						
E-mail ID						
Phone No.						
Mobile No.						

4. Fees Details	
D.D. Number & Date	
Name of the Bank	
Amount	

5. Educa	tional Qualifica	tions	(Matricu	lation onw	ard)	Enclosure
Name of Exam/Degree	University/ Institution/Board	Year Pass		Percentage of Marks	Division /Class/CGPA	No.
Exam/Degree	Institution/ Doard	Tasa	sing	01 Marks		
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	use an additional sl	heet, if r	required,	retaining th	e above tabular fo	ormat)
<b>Ph. D.</b> (Mark √ in Appropriate Box	Degree Awarded	[]	M. Ph	il. Degr Awar		
Title of The sheet)	sis/Dissertation	<b>1</b> (If Pul	blished, g			Enclosure No.
Ph. D.						
M. Phil.						
P. G.						
	fNET / SET /					
SLET/ GATE Examination	or Equivalent					
Examination	3			X		

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6. Teac	hing Experies	nce as an Ap	proved Fu	ıll-Tim	е Те	ach	er	
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[Attach App	ointment Ord	er & Universi	ty Approva	al]				
<b>Total Teac</b>	hing Experie				onth	s)] [		_ <b>D</b> (days)]
		Attach Experie	ence Certi	ficate]				
Special con	ntributions, i	f any :						
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Post Held	Pay Band with A.G.P.	University / Institution	From	То	Y	M	D	NO.
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Total Ex	xperience : [	Y(Years)][	M(Mon	ths)][	D(D	avs)]	
Special	contributions,	if any :		/11			
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(Enclose	additional she	et, if required,	in the sam	ne format	t)		

8. Research Experience :						
Number of Ph. D./M.Phil. D under Supervision	egrees Awarded	Ph.D[	]	, M.Phil [	]	No.
Number of Ph. D. Thesis Su Supervision			[	]		
Number of Ph. D. Students Supervision	Registered under		[	]		
Total Research Experience	[Y(Years)	][ <b>M</b>	I(Mo	onths)][	]	D(Days)]

Enclosure 9. Publications : No. Number of Books Published : I ] Own ] Joint Authorship I Number of Books Edited : [ ] Joint Authorship ] Own [ Number of Research Papers I ] Own ] Joint Authorship ſ Published : Joint Authorship Own International National International National International conference / National conference / International National conference / conference / Journals Journals Seminars / Seminars / Journals Journals Seminars / Seminars / Symposium Symposium Symposium Symposium I 1 [ ] ] ] I Γ ] I I 1 ſ 1 Note : Give the details of Publications on separate sheets

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10. Competence in Computer Applications :	Enclosure No.
	NO.
State and/or National Championships and Extraourrioular Co	Enclosure
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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curricular and extension Activities, if any : (Use separate sheets, if necessary)	Cherry Charles a second s
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state and/or National Championships and Extracurricular, Co- curricular and extension Activities, if any : (Use separate sheets, if necessary)	Cherry Charles a second s

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12. Total No. of Enclosure Attached :-(Attach the list of enclosures along with page numbers for convenience)

Date :- \_\_\_\_\_

Place :- \_\_\_\_\_

(Name & Signature of Applicant)

## **DECLARATION - I**

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	of
2. I haveNumber) livi	ng children as on today, out of
which humber of children born after 28th Ma	rch, 2005 is / are
(Me	ention date of Birth if any)
3. I am aware that if total number of living child	dren 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.	asqualited for
DATE :	,
PLACE :	
1)	Name & Signature of Applicant)