

Application form for the Post of Dean Faculty of Science & Technology / Faculty of Humanities

Advertisement No: 31/2019	Dated : 01/03/2019	
Last Date for Submission of hard copy of	filled in Application Form is 05/04/2	2019
	m available on the University website her, otherwise it will be treated as can garding this should be done through E	celled.
APPLICATION FOR THE POST OF	:	
IN THE CATEGORY (RESERVATION)	:	
IN THE DEPARTMENT OF	:	
1) Name in full		
(Surname first) (in Capital Lette	ers)	
2) Address for correspondence		
 Phone No.(Residence) Fax No		
3) Permanent Address		
4) Nationality	State of Domicile-	
5) (a) Date of Birth(b) Present age: Years(Attach true copy of S.S.C. Board)	Months: I	5
6) Whether member of SC/ST/VJ, If yes, specify – CATEGORY : (Attach true copy of the Cast Ce authority so designated by the C	ertificate & certificate of validity	

Exams/ Degrees	Name Of Examination	University /Board	Division	Attempts	Years of Passing	% of marks obtained	Major subjects offered (specialization if any)	Merit/ Prizes/ Medals conferred
Ph.D. (Relevant)								
M. Phil. (Relevant)								
P.G. (Relevant)								
U.G. (Relevant)								
H.S.S.C								
S.S.C								
Other								

7) Educational Qualifications (Please attach Mark Sheet/Degree Certificate in Chronological order)

8) Details of having passed NET/SET/GATE (Information required for the post of Assistant Professor only)

NET/SET/GATE	Subject	Score, if any	Years of Passing	Test conducting Agency

9) Particulars of Teaching Experience in University/College, and/or experience in research at the University/National level institutions/Accredited Research Institution/Industry, if any. The period of time taken by candidates to acquire M. Phil. and/or Ph.D. Degree shall not be considered as teaching experience: (Attach true copies of Certificates of the employer clearly mentioning dates (from-to) Name of the Post held; nature of appointment; pay scale/band)

		Teaching/Research/Industrial Experience			
Name of the Post-held with pay scale/ Pay		Under Graduate		Post Graduate	
Institution	itution band + AGP	From	То	From	То
) Under-Gr	aduate Years	ii) P	ost Graduate	eYea	urs

Consolidated Experience (taken together) _____ Years

10)Particulars of experience on Clock Hour, Contributory, Part-time, without Pay, Visiting, on stipend, in charge, etc

-		Teaching/Research/Industrial Experience			
Name of the		Under Graduate		Post Graduate	
Institution	band + AGP	From	То	From	То

11) Particular of Contribution to educational innovation, design of new curricula and course, and technology- mediated teaching learning process

12) Administrative Experience, if any, in chronological order.

Post Held & Name of Department/ Institution	Pay Scale/ Pay Band + AGP	From	То	Total Period	Reasons For leaving

13)	Period required for joining, if appointed	:
14)	A] Minimum pay, if the initial pay is Not acceptable	:
	B] Whether demand of enhanced pay is a request or condition ?	:

DECLARATION

I, _______ hereby declare that all the information given above is true to the best of my knowledge and belief. I am not aware of any circumstances, which may impair my fitness for employment in Gondwana University, Gadchiroli. I have never been disqualified/debarred from appearing in any University Examination/University Work. I have been dismissed from University/College/Government Service.

Place:-	
Date:-	Signature Applicant

(To be furnished by the candidate who is already in service)

NO BOJECTION CERTIFICATE

Certified that Dr./S.							
is working as	in the	subject .			in th	e De	eptt.
Of	w.e.f		in the p	bay scale	e/pay	ban	d of
Rs		with	Academic	Grade	Pay	of	Rs.
drawing	the basic pay	of Rs.			_(Pay	' in	Pay
Band + A.G.P.) This offic	e has no objec	ction if h	ne/she is se	elected for	or the	pos	st of
	in the Go	ndwana	University, (Gadchiro	oli and	1 wil	l be
relieved within the stipula	ted period.						

Place:-Date:-

Signature of employer/Competent Authority with designation & Seal

DECLARATION

FORM – A

I, Shri./Smt./Kum.	son/daughter
/wife of Shri	aged years
resident of	do hereby declare as follows :-
1. That I have filled my application for the pos	t of
	an today Out of which No of

2. I have _____(Number) living children as on today. Out of which No. of Children born after Dt. 28.03.2015 is _____(mention date of birth, if any)

3. I am aware that, if any total number of living children is more than two due to the children born after dt. 28.03.2005, I am liable to be disqualified for the same post.

Signature Applicant