

Application form for the Post of <u>Director Knowledge Resource Center</u>

	Date for Submission of hard copy of					
Imp	manner, otherwise it 2) Communications reg	will be treated as ca	ncellec	1.		Paste recent Photograph
1.	Name in Full :					
2.		First) (Fill in	n CAP	TAL Letters	only)	
	Phone No. (R):			(0)		
	Mobile :		Fax 1	No :		
	E-Mail ID :		T uze 1			
	Permanent Address :					
	Nationality :					
	(a) Date of Birth:			category	•	
	(Mentioned as per	school leaving certifi	cate / S	S.S.C Certific	cate (Attach Tr	tie Copy)
	(b) Present Age (as on 05/04/2019):	Г	Years	Months	Days
						Days
			L			
	Whether belongs to Ex-Serviceman	: Yes / No (if yes, at	tach do	cumentary p	roof)	
	Whether handicapped? Yes / No (if handicapped (put up √ mark & furnish de	f yes, whether hearing ocumentary proof)	g, impa	nired / vision	impaired / phy	sically
	Registration Fee : Rs :	D.D.No. :			Data	
	Name of the Bank :				_ Date :	
	(Draft drawn only on Nationalized B	ank payable at Gade	hiroli a	and put your	name Mobile N	No. & Add.
	behind the D.D.)			ma pat your	name, woone i	No. & Addres
	Details of Present Employment:					
	(a) Name of Employer:					
	(b) Post held:					

Sr. Teaching Experience	Academic Record from S.S.C. onwards (University Degree, Diplomas, Certificates etc.) Attach att copies of mark-sheets, certificates etc.)								ich attes
(A) Name of the Institution / University scale Requisite Qualifications at the time of appointment as per UGC/State Govt. Requisite Qualifications at the time of appointment as per UGC/State Govt. Teaching Experience Under Graduate Post Graduate From To From To From To From To From To From To Teaching Experience	Examinat	ion		Board/			Division		ecializa
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(B) State Govt. From To From To From To From To From To From To From To From To	(Attach attes	red xerox copie	Requi	ficates and Servi	ce boo	k issued by	the employer		
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(d) Basic pay with pay Scale:

12.	Particulars of (Attach atte	of Employments in the steed xerox copies of ce	recognized Research Institute/ Institution (Institutes issued by the employer)	tutions of Higher Education
	Name of	Post held with	Duration of Work	W-1 F

Name of	Post held with	Duration	of Work	Work Experience		
Institution	pay scale	From	То	Years	Months	
					100	
					111 1125	
					617	
			Total			

13.

Administrative Experience.
(Attach attested xerox copies of certificates and Service book issued by the employer)

Name of Institution	Post held with	Duration	of Work	Administrative Experience		
	pay scale	From	To	Years	Months	
					120	
			Total			

Medals received/ awarded :	
Other Academic Distinctions acquired :	
Research Experience (Attach testimonials / Certificates):	

Name of Candidates, who have been Awarded/ Submitted Doctorate Degree on Research ander your Guidance. (Attach separate sheet, if necessary) Name of Candidate Topic of Research Name of University Research Experience: 1 Total Number of Years: Number of Thesis submitted under Supervision:											
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(i) Mother tongue:			
	Known: (give details as follows	ws)	
Language	Speak	Read	Write
Additional Information	10		
Name and Address of t	wo Referees who are not in re	elation to the applicant and	are not concected
Name and Address of t GONDWANA UNIVE	wo Referees who are not in re RSITY, GADCHIROLI.	elation to the applicant and	are not concected
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1 2	wo Referees who are not in reRSITY, GADCHIROLI.	elation to the applicant and	are not concected
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1 2 List of Enclosures :	9 10		are not concected
1 2 List of Enclosures:	9 10		are not concected
1 2 List of Enclosures:	9 10 11 12		are not concected
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1	9 10 11 12 13		are not concected
1	9 10 11 12 13 14		are not concected
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DECLARATION

I declare that the	ne entries made in the	Application Form for the post of
against Advt. No	Dated	are true and correct to the best of my knowledge and
		etness of information, if any, found subsequently.
Dated :		
		(Signature of the applicant)
REM	IARKS OF TH	E PRESENT EMPLOYER sons already in services)
Shri/ Mr./ Ms./ Smt./ Dr	: <u>1</u>	
Is holding a Permanent Post of		
In the Scale of Rs.		
And Grade pay is Rs relieved in case if he/ she		per month. Application is forwarded and he / she will be
and the disc if her sin	is selected for the po	ost applied for.
Dated :		
		Signatura
		Signature (Designation & Office Seal)
		(Designation & Office Seal)

Declaration

Form A

(See Rule-4)

of Shri.		Shri/Smt./KumSon/ Daughter/ Wife
		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 no. Of children born after
		28 th March, 2005 is(Mention dates of birth, if any)
	3.	I am aware that if any total number of living children is more than two due to children born after
		28 th March, 2006, I am liable to be disqualified for the same post.
Place:		
Date:		Signature