



GONDWANA UNIVERSITY GADCHIROLI.

Application form for the Post of Director Knowledge Resource Center.

Advertisement No : 42/2022

Dated : 21/02/2022

- Important Note** : 1) The Application Form available on the University website should not be changed in any manner, otherwise it will be treated as cancelled.
2) Communications regarding this should be done through E-Mail only.

Paste recent
Photograph

1. Name in Full : _____
(Surname First) (Fill in CAPITAL Letters only)
2. Full Address on which communications is to be sent : _____

Phone No. (R) : _____ (O) _____
Mobile : _____ Fax No. : _____
E-Mail ID : _____
3. Permanent Address : _____

4. Nationality : _____ Caste : _____ Category : _____
5. (a) Date of Birth : _____
(Mentioned as per school leaving certificate / S.S.C Certificate (Attach True Copy)
- (b) Present Age (as on 21/03/2022) :
- | Years | Months | Days |
|-------|--------|------|
| | | |
6. Whether belongs to Ex-Serviceman : Yes / No (if yes, attach documentary proof)
7. Whether handicapped ? Yes / No (if yes, whether hearing, impaired / vision impaired / physically handicapped (put up ✓ mark & furnish documentary proof)
8. Registration Fee : Rs : _____ D.D.No. : _____ Date : _____
Name of the Bank : _____
(Draft drawn only on Nationalized Bank payable at Gadchiroli and put your name, Mobile No. & Address behind the D.D.)
9. Details of Present Employment :
- (a) Name of Employer : _____
- (b) Post held : _____
- (c) Whether Permanent, Temporary or on Probation : _____
- (d) Basic pay with pay Scale : _____

17. **Details of Publication indicating Name of Author/s Title of Publication, Publishers, Research Journal Year, etc** (Attach separate sheets, if necessary).

18. **Fellowship and membership of learned societies and positions of responsibilities held, if any :**

19. **Name of Candidates, who have been Awarded/ Submitted Doctorate Degree on Research Work done under your Guidance.** (Attach separate sheet, if necessary)

| Name of Candidate | Topic of Research | Name of University | Year |
|-------------------|-------------------|--------------------|------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

20. **Research Experience :**

- (i) Total Number of Years : _____
- (ii) Number of Thesis submitted under Supervision : _____
- (iii) Number of Degrees awarded under Supervision : _____

21. **Publications :**

- (i) **Number of Books** (Own / Joint Authorship) : _____
- (ii) **Number of Papers published** (Own / Joint Authorship) _____

22. **Additional information including Extra-curricular Activities, if any :**
(Use separate sheet, if necessary)

23. (i) Mother tongue : _____

(ii) Other Languages Known : (give details as follows)

| Language | Speak | Read | Write |
|----------|-------|------|-------|
| | | | |
| | | | |
| | | | |

24. Additional Information, if any :

25. Name and Address of two Referees who are not in relation to the applicant and are not connected with GONDWANA UNIVERSITY, GADCHIROLI.

| | |
|---|--|
| 1 | |
| 2 | |

List of Enclosures :

| | | | |
|---|--|----|--|
| 1 | | 9 | |
| 2 | | 10 | |
| 3 | | 11 | |
| 4 | | 12 | |
| 5 | | 13 | |
| 6 | | 14 | |
| 7 | | 15 | |
| 8 | | 16 | |

Dated : _____

(Signature of the applicant)

Name in Block Letters : _____

DECLARATION

I declare that the 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 belief, and I shall be responsible for incorrectness of information, if any, found subsequently.

Dated : _____

(Signature of the applicant)

REMARKS OF THE PRESENT EMPLOYER

(In case of persons already in services)

Shri/ Mr./ Ms./ Smt./ Dr. _____

Is holding a Permanent Post of _____

In the Scale of Rs. _____

And Grade pay is Rs. _____ per month. Application is forwarded and he / she will be relieved in case if he/ she is selected for the post applied for.

Dated : _____

Signature
(Designation & Office Seal)

Declaration

Form A

(See Rule-4)

I, Shri/Smt./Kum. -----Son/ Daughter/ Wife
of Shri. -----Age ---- Year, resident of -----

----- 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 28th 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 28th March, 2006, I am liable to be disqualified for the same post.

Place:

Date:

Signature