

GONDWANA UNIVERSITY GADCHIROLI.

Application form for the Post of Director Knowledge Resource Center.

Dated: 21/02/2022

Advertisement No: 42/2022

Impo	manner, oth	ation Form available on the Unterwise it will be treated as cautions regarding this should be	ncelled	ĺ.		ged in any Paste recent Photograph		
1.	Name in Full :							
	(Surname First) (Fill i	n CAP	ITAL Letters o	nly)			
2.	Full Address on which co	ommunications 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 2	1/03/2022):		Years	Months	Days		
6.	Whether belongs to Ex-So	erviceman: Yes / No (if yes,	attach o	documentary pr	roof)			
7.		Yes / No (if yes, whether hear & & furnish documentary proof)	ing, im	paired / vision	impaired / phy	rsically		
8.	Registration Fee: Rs:	D.D.No. :			Date :			
		ionalized Bank payable at Ga						
	behind the D.D.)							
9.	Details of Present Employ	yment :						
	(a) Name of Employer: _							
	(b) Post held:							
	(c) Whether Permanent, T	Temporary or on Probation:						
	(d) Basic pay with pay Sc	eale :						

Examination	Year of passing	Name of Board/ University	% of Marks obtained	Division	Subject offered (Specialization if any)

11. Particulars of Employment as a Full-time Teacher in the College/ University.(Attach attested xerox copies of certificates and Service book issued by the employer)

(e) Grade Pay : _____

(f) Special Allowances, if any:

(A)

10.

Name of the	Post held	Requisite Qualifications		Teaching Ex	xperience	
Institution /	with pay	at the time of	Under G	raduate	Post Graduate	
University	scale	appointment as per UGC/ State Govt.	From	To	From	То
		_				

(B)

Sr.	Post held	Teaching Experience		
No.	r ost neiu	Years	Months	
i)	Assistant Professor (Grade III or Higher)			
ii)	Associate Professor			
iii)	Professor			
	Total			

	e Experience. I xerox copies of co	ertificates and Ser Duration From			Mont
(Attach attested Name of F	exerox copies of correct Post held with	Duration	vice book issued of Work	by the employer) Administrative	
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	<u> </u>				
Institution	pay scale	From	То	Years	Mont
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			TD 4 1		
			Total		
Medals receive	ed/ awarded :				
Other Academ	nic Distinctions ac	quired :			
Research Exne	erience (Attach tes	stimonials / Certif	icates) :		
	·		·		

Particulars of Employments in the recognized Research Institute/ Institutions of Higher Education (Attach attested xerox copies of certificates issued by the employer)

12.

Fellov	Fellowship and membership of learned societies and positions of responsibilities held, if any :								
		•	, ,	V					
Name	e of Candidates, who have bee	en Awarded/ Submitted Doctor	rate Degree on Research V	Vor					
Name of Candidates, who have been Awarded/ Submitted Doctorate Degree on Research World under your Guidance. (Attach separate sheet, if necessary)									
under	your Guidance. (Attach separ	rate sheet, if necessary)							
under									
under	Name of Candidate	Topic of Research	Name of University						
under			Name of University						
under			Name of University						
under			Name of University						
under			Name of University						
	Name of Candidate		Name of University						
Resea	Name of Candidate arch Experience:	Topic of Research							
Resea (i)	Name of Candidate Total Number of Years :	Topic of Research							
Resea (i) (ii)	Name of Candidate Arch Experience: Total Number of Years: Number of Thesis submitted	Topic of Research under Supervision:							
Resea (i)	Name of Candidate Arch Experience: Total Number of Years: Number of Thesis submitted	Topic of Research							
Resea (i) (ii) (iii)	Name of Candidate Arch Experience: Total Number of Years: Number of Thesis submitted	Topic of Research under Supervision:							

i) Mother tongue: _			
ii) Other Languages K	Known: (give details as fol	lows)	
Language	Speak	Read	Write
			l
Additional Information	ı, if any :		
Name and Address of t	wo Referees who are not i	in relation to the applicant and	d are not concected w
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DECLARATION

	I declare that the	e 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 resp	posnible for incorrec	etness of information, if any, found subsequently.
Dated	:		
			(Signature of the applicant)
	REM		TE PRESENT EMPLOYER rsons already in services)
	Shri/ Mr./ Ms./ Smt./ Dr	•	
Is hold	ing a Permanent Post of		
In the S	Scale of Rs		
And G	rade pay is Rs		per month. Application is forwarded and he / she will be
	relieved in case if he/ she	e is selected for the j	post applied for.
Dated	:		
			C: markum
			Signature (Designation & Office Seal)

Declaration

Form A

(See Rule-4)

	I,	Shri/Smt./KumSon/ Daughter/ Wife
		AgeYear, 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
		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