

(A State University Established by Government of Maharashtra)

Application Form No. _____ (For office use only)

Employment Notice No.	Date:- 2	9/07/2022		
M.I.D.C. Road, Complex				
Subject: - Application	for the Post	of:		
Name of the Post	:-			
Post Advt. No.	:-			
Subject/Department	:-			
Category	:-			
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following details.	APPLICA	ATION FORM		
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	8. Research Experience:					Enclosure No.
Number of Ph. D./M.Phil. Dunder Supervision	egrees Awarded	Ph.D[] , M	.Phil []	NO.
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Number of Ph. D. Students Supervision	Registered under		[]		
Total Research Experience	[Y(Years)][M	(Mont	hs)][I	D(Days)]

9. Public	ations:						Enclosure					
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11. Additional Information about representing the University/ 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) 12. Total No. of Enclosure Attached: (Attach the list of enclosures along with page numbers for convenience	S: Enclosure No.	10. Competence in Computer Application
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Place :		
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DECLARATION - I

I, hereby, declare that, all information submitted in this application and in its
accompaniments is true, complete and correct to the best of my knowledge and
belief. I accept that in the event of any information being found false, incomplete, or
incorrect, my candidature/appointment for the post of
is liable to be cancelled / terminated at any
stage. I further understand that no cognizance shall be taken of any request for
withdrawal of my application. I have read carefully all instructions given in the
employment Notice No Dated
on the website of the University.
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
2. I have ((Number) living children as on today, out of
which number of children born after 28th March, 2005 is / are
(Mention date of Birth, if any.)
3. I am aware that if total number of living children are more than two, due to
the children born after 28th March, 2006, I am liable to be disqualified for
the same post.
D. AMP
DATE:
PLACE :
(Name & Signature of Applicant)