

### GONDWANA UNIVERSITY GADCHIROLI

(A State University Established by Government of Maharashtra)

Application Form No. \_\_\_\_ (For office use only)

Employment Notice No. GUG/33/2020

Date:- 20/03/2020

### To,

THE REGISTRAR Gondwana University, Gadchiroli, M.I.D.C. Road, Complex, Gadchiroli, Dist-Gadchiroli, PinCode-442605. Passport Size Photograph

Subject: - Application for the Post of:- -----

Name of the Post	:-	
Post Advt. No.	:-	
Subject/Department	:-	•
Category	:-	

Sir,

I hereby submit my application for the post mentioned above with the following details.

### APPLICATION FORM

(Please read the Note, instructions, Terms and Conditions before filling the form)

1. Application F	ee (Non-Ref	undable)		
Demand Draft No.	Date	Amount(Rs.)	Name of Bank	Branch Name
			24	

2. Personal Details (In Capital Letter's)				
Full Name (Surname First)				
Date of Birth (dd/mm/yy)	Age (In Years) as on 20/04/2020			
Gender (Male/Female)	Marital Status		× × × × × × × × × × × × × × × × × × ×	
Nationality	Religion			
Category With Caste (SC/ST/VJ-A/NT- (B/C/D)/OBC/OPEN/Divyang,etc.			3	
Particulars of Physical Disability, if Applicable				

3. Addre	ess							
Address for Correspondence					Permanent Address			
Pin Code:					Pin Co	de.		
	nunicatio	n Deta	ils(Sh				ge during pr	ocess)
E-mail ID			,					•
Phone No.								
Mobile No.	-				÷			
5. Education Name of	tional Qu							Enclosure
Exam/Degree	Univers Institution		Year Pass			entage Marks	Division /Class/CGPA	No.
, 0		,						
							-	
							×	
(Please	use an add	itional si	heet, if r	reauire	d. retai	inina the	above tabular fo	ormat)
Ph. D. (Mark V	Degree		[ ]	_	Phil.	Degre		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
in Appropriate Box	Tivalu					Awar	ded	
Title of The sheet)	sis/Disse	rtatio	<b>n</b> (If Pul	olished	l, give d	details o	n a separate	Enclosure No.
Ph. D.								
M. Phil.								
P. G.							1	
Particulars of	of NET / S	ET /			***			
SLET/ GATE		alent						
Examination	ıs							

6. Prese	nt Position								
Designation	University / Institution	From Date	Basic Pay	Pa Scale/				Pay/ alary [.	Enclosure No.
			-						
[Attach App	ointment Ord	er, Uni	versity	 Approval	& Last	Pay	Cer	tificat	te]
	ning Experier								
Post Held	Basic Pay & Pay Band	Univer		Perio	od		each perio	ing ence	Enclosure No.
	with A.G.P.	Institu	ution	From	То	Y	M	D	
	9								
o .	-								
[Attach App	ointment Ord	er & Uı	niversit	v Approva	l all				
Total Teac	hing Experie	<b>nce : [</b> _ Attach I	<b>Y</b> (ye		<b>M</b> (mc	nth	s)] [		_ <b>D</b> (days)]
Special con	tributions, i	fany:							
	• • • • • • • • • • • • • • • • • • • •				•••••		• • • • •		
									10
•••••		• • • • • • • • • •			•••••	• • • • • •	• • • • •		
							• • • • •		
							••••		
(Enclose add	itional sheet, if	required	d, in the	same forn	nat)				

. .

Post Pay Band with A.G.P.    Pay Band with A.G.P.   University / Institution   From To Y M D   No.	<u> </u>	Basic Pay &	ic Pay &	Per	Experience			Enclosure	
Special contributions, if any:  (Enclose additional sheet, if required, in the same format)		Pay Band		From	То	_			NO.
Special contributions, if any:  (Enclose additional sheet, if required, in the same format)									
Special contributions, if any:  (Enclose additional sheet, if required, in the same format)									
Special contributions, if any:  (Enclose additional sheet, if required, in the same format)		1							8
Special contributions, if any:  (Enclose additional sheet, if required, in the same format)									
Special contributions, if any:  (Enclose additional sheet, if required, in the same format)									
Special contributions, if any:  (Enclose additional sheet, if required, in the same format)			,Air						
Special contributions, if any:  (Enclose additional sheet, if required, in the same format)									
Special contributions, if any:  (Enclose additional sheet, if required, in the same format)									
Special contributions, if any:  (Enclose additional sheet, if required, in the same format)	Total Ex	· r	**/** \3F	B#/B#	16-17	D/I	\\	7	
	Special	contributions,	if any:	W(MON		D(I	Days		
	Special	contributions,	if any:	(Mon			Days		
	Special	contributions,	if any:	M(Moni		D(I	Days		
	Special	contributions,	if any:	W(MON			Days		
	Special	contributions,	if any:	W(MON					
	Special	contributions,	if any:	W(MOn			Days)		
	Special	contributions,	if any:	W(MON			Days		
	Special	contributions,	if any:	W(MOni			Days		
9. Research Experience : Enclos	Special	contributions,	if any:	W(MON			Days		
	Special	contributions,	if any :				Days		

9. Research Experien	ice:					Enclosure No.
Number of Ph. D./M.Phil. D under Supervision	egrees Awarded	Ph.D[	],	M.Phil [	]	
Number of Ph. D. Thesis Su	bmitted under		r	1		
Supervision			L	1		
Number of Ph. D. Students Supervision	Registered under		[	]		
Total Research	[Y(Years)	11 <b>IV</b>	I/Mc	nthe)][	1	D(Dave)]
Experience	[1(1ears)	JLW.	1(1410	,iiciiə)][		Days)]

10.Publi	cations :							E	nclosure No.
Number	of Books Pu	blished:	[ ] Own	[ ] Jo	oint A	uthor	ship		
Number	of Books Ed	lited :	[ ] Own	[ ] Jo	oint A	uthor	ship		
Number of Published	of Research	Papers	[ ] Own	[ ] J	oint A	uthor	ship		
		wn			Jo	int Au	uthors	hip	
International Journals	National Journals	International conference / Seminars / Symposium	National conference / Seminars / Symposium	Internation Journals		ational ournals	Interna confere Semin Sympo	ence / ars /	National conference / Seminars / Symposium
[ ]	[ ]	[ ]	[ ]	[ ]	[	]	[	]	[ ]
	Not	e : Give the	details of Pul	olications o	on sepa	rate sh	eets		
11.Admi Post	nistrativeE Basic Pay & Pay		ersity /	Perio	d		inistra perienc		Enclosure No.
Held	Band with		tution	From	То	Y	M	D	NO.
	A.G.P.								
			34						
2- 1 1				- 4			у.		
	ministrative			(Years)][	]	M(Mon	ths)][		-D(Days)]
Special o	contributio	ns, if any	:						
						• • • • • • • • •			
		•••••	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •				•••••	• • • • • • • • • • • • • • • • • • • •
								•••••	
					• • • • • • • • • • • • • • • • • • • •	••••••		••••	

(Enclose additional sheet, if required, in the same format)

	<b>nic Distinctions</b> (Awards/Scholarships/ Ranks, etc.): litional sheet, if required, in the same format)	Enclosure No.
(i)		
(ii)		
(iii)		
(iv)		
(v)		
(vi)		
(vii)		
(viii)		
(ix)		
(x)		
(i)	uuonai sneet, y requirea, in the same formaty	110.
	rship/Fellowship of learned Accredited Academic Bodies litional sheet, if required, in the same format)	Enclosure No.
(ii)		
(iii)		
(iv)		
(v)		
(vi)		
14. Compet	tence in Computer Applications :	Enclosure No.
		110.

College at the inter-university/int State and/or National Champions		Enclosure No.
necessary)		
		×
······		
		=
16. Name and Postal Address o	of Two Referees	
Referee 1	Referee 2	
E-mail ID :-	E-mail ID :-	
Mobile No.:-	Mobile No.:-	
17. Total No. of Enclosure Atta	ached:-	
	along with page numbers for conve	enience)
Date :		
lacc.		
1 lacc		

### 

withdrawal of my application. I have read carefully all instructions given in the employment Notice No. ------ Dated ------ Dated ------ on the website of the University.

(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.
DATE :
PLACE :
(Name & Signature of Applicant)

#### ENDORSEMENT BY THE EMPLOYER

(For in-service candidates only)

To be signed and forwarded by the present employer.

# Forwarded to: The Registrar Gondwana University, Gadchiroli M. I. D. C. Road, Complex, Gadchiroli Dist- Gadchiroli, Maharashtra State. Pin Code :- 442605. The applicant Dr. / Shri / Mrs. / Ms. ----who has submitted this application for the post of in the Gondwana University, Gadchiroli has been working in -----------, on the post of ---------- in a temporary / permanent capacity with effect from ----- in the Scale of Pay / Pay Band of Rs. -----with Grade Pay of Rs.----- His/her next increment is due on -----Further, it is certified that no disciplinary / vigilance case has ever been held or contemplated or is pending against the said applicant. There is no objection for his/her application being considered by the Gondwana University, Gadchiroli. Signature of the forwarding authority Name: -----Designation:-----**OFFICE SEAL** Place: -----

Date: -----

## GONDWANA UNIVERSITY GADCHIROLI

2550E0533	THE RESERVE OF	CHANGE TO SERVICE STREET
Dra	forma	
	Ullia	

Statement showing particulars of applicant for the post of												
Post Category:				Subject : Advt. No. <b>GUG/33/2020 Dated 20/03/2020</b>								
Age/Date of Birth	Category (Caste)	Degree Awarded	Academic A Year of Passing	% / CGPA	Div./Grade	Experienc			Publications, if any	API Score (if applicable)	Any other Information , if any	
02	03	04	05	06	07	08	09	10	11	12	13	
									International:  Own:  Joint:  Total:  National:  Own:  Joint:  Total:			
·	t all the ent	ries made by cancelled wit	y me are tru thout assign	e to the bes	et of my know son thereof.	vledge and		Signatu				
	Age/Date of Birth  02  y declare that	Age/Date of Birth (Caste)  O2 O3  Oy declare that all the ent	Age/Date of Birth Category (Caste) Degree Awarded  02 03 04	Age/Date of Birth Category (Caste) Degree Awarded Passing  02 03 04 05	Age/Date of Birth Category (Caste) Degree Awarded Passing % / CGPA  O2 O3 O4 O5 O6  O O O O O O O O O O O O O O O O O O	Age/Date of Birth Category (Caste)  Degree Awarded Passing % / CGPA Div./Grade  02 03 04 05 06 07	Age/Date of Birth Category (Caste)  Degree Awarded Passing % / CGPA Div./Grade Teaching  02 03 04 05 06 07 08	Age/Date of Birth Category (Caste) Degree Awarded Passing % / CGPA Div./Grade Teaching Research  O2	Age/Date of Birth (Caste) Degree Awarded Passing % / CGPA Div./Grade Teaching Research Admin.  O2	Subject :	Subject :	