



GONDWANA UNIVERSITY GADCHIROLI

Application form for the Post of -----

Advertisement No : 25/2018

Dated : 28/02/2018

Last Date for Submission of Application Form is 31/03/2018

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 31/03/2018) :

Years	Months	Days

6. 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.)

7. Details of Present Employment :

(a) Name of Employer : _____

(b) Post held : _____

(c) Whether Permanent, Temporary or on Probation : _____

(d) Basic pay with pay Scale : _____

(e) Grade Pay : _____

(f) Special Allowances, if any : _____

8. Academic Record from S.S.C. onwards (University Degree, Diplomas, Certificates etc. (Attach attested copies of mark-sheets, certificates etc.)

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

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

(A)

Name of the Institution / University	Post held with pay scale	Requisite Qualification at the time of appointment as per UGC/ State Govt.	Teaching Experience			
			Under Graduate		Post Graduate	
			From	To	From	To

(B)

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

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

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

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

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

12. **Medals received/ awarded :**

13. **Other Academic Distinctions acquired :**

14. **Research Experience** (Attach testimonials / Certificates) :

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

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

17. **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

18. **Research Experience :**

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

19. **Publications :**

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

20. **Additional information including Extra-curricular Activities, if any :**

(Use separate sheet, if necessary)

21. (i) **Mother tongue** : _____

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

Language	Speak	Read	Write

22. **Additional Information, if any** :

23. **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	

Date : _____

(Signature of the applicant)

Name in Block Letters : _____

DECLARATION

I declare that the entries made in the Application Form of 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 / Temporary 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, Dr./Shri/Mrs./Ms. -----

Son / Daughter / Husband / Wife of Dr. 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 numbers 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)