



GONDWANA UNIVERSITY GADCHIROLI

(A State University Established by Government of Maharashtra)

Application Form No. _____
(For office use only)

Employment Notice No. GUG/32/2019

Date:- 12/12/2019

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 general instructions, Terms and Conditions before filling the form)

1. Application Fee (Non-Refundable)				
Demand Draft No.	Date	Amount(Rs.)	Name of Bank	Branch Name

2. Personal Details (In Capital Letter's)				Enclosure No.
Full Name (Surname First)				
Date of Birth (dd/mm/yy)		Age (In Years) as on 13/01/2020		
Gender (Male/Female)		Marital Status		
Nationality		Religion		
Category With Cast (SC/ST/VJ-A/NT- (B/C/D)/OBC/OPEN/PH,etc.				
Particulars of Physical Disability, if Applicable				

3. Address	
Address for Correspondence	Permanent Address
Pin Code:	Pin Code:
4. Communication Details	
E-mail ID	
Phone No.	
Mobile No.	

5. Educational Qualifications (Matriculation onward)					Enclosure No.
Name of Exam/Degree	University/Institution/Board	Year of Passing	Percentage of Marks	Division /Class/CGPA	
<i>(Please use an additional sheet, if required, retaining the above tabular format)</i>					
Ph. D. (Marks ✓ in Appropriate Box)	Degree Awarded []				
Title of Thesis/Dissertation (If Published, give details on a separate sheet)					
Ph. D.					
M. Phill.					
P. G.					
Particulars of NET / SET / SLET/ GATE or Equivalent Examinations					

6. Present Position						Enclosure No.
Designation	University / Institution	From Date	Basic Pay	Pay Scale/Band	Gross Pay/ Total Salary p. m.	

[Attach Appointment Order, University Approval & Last pay certificate]

7. Teaching Experience as an Approved Full-Time Teacher								Enclosure No.
Post Held	Basic Pay & Pay Band with A.G.P.	University / Institution	Period		Teaching Experience			
			From	To	Y	M	D	

[Attach Appointment Order & University Approval]

Total Teaching Experience : [___ Y(years)] [___ M(months)] [___ D(days)]
 [Attach Experience Certificate]

Special contributions, if any :

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

10. Publications :							Enclosure No.
Number of Books Published :		[] Own	[] Joint Authorship				
Number of Books Edited :		[] Own	[] Joint Authorship				
Number of Paper Published :		[] Own	[] Joint Authorship				
Own				Joint Authorship			
International Journals	National Journals	International conference / Seminars / Symposium	National conference / Seminars / Symposium	International Journals	National Journals	International conference / Seminars / Symposium	National conference / Seminars / Symposium
[]	[]	[]	[]	[]	[]	[]	[]
Note : Give the details of Publications on separate sheets							

11. Administrative Experience								Enclosure No.
Post Held	Basic Pay & Pay Band with A.G.P.	University / Institution	Period		Administrative Experience			
			From	To	Y	M	D	
Total Administrative Experience : [-----Y(Years)] [-----M(Months)] [-----D(Days)]								
Special contributions, if any :								
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(Enclose additional sheet, if required, in the same format)								

15. Additional Information about representing the University/ College at the inter-university/intercollegiate competitions or the State and/or National Championships and Extracurricular Activities, if any : (Use separate sheets, if necessary)	Enclosure No.
.....	

16. Name and Postal Address of Two Referees :	
Referee 1	Referee 2
E-mail ID :-	E-mail ID :-
Mobile No.:-	Mobile No.:-

17. Total No. of Enclosure Attached :- _____

Date :- _____

Place :- _____

(Signature of Applicant)

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 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 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 : -----

Place : -----

Date : -----

OFFICE SEAL

GONDWANA UNIVERSITY GADCHIROLI

Proforma - A

Statement showing particulars of applicant for the post of Professor

Post Category : **Open**

Subject :- -----

Advt. No. **GUG/32/2019 Dated 12/12/2019**

Name & Correspondence Address of the Applicant with Contact No. & E-mail ID	Age/Date of Birth	Category (Caste)	Academic Attainments				Experience (Yr./Month/Days)			Publications, if any	API Score (if applicable)	Any other Information, if any
			Degree Awarded	Year of Passing	% / CGPA	Div./Grade	Teaching	Research	Admin.			
01	02	03	04	05	06	07	08	09	10	11	12	13
			-----	-----	-----	-----				International : Own :- _____ Joint :- _____ Total :- _____ National : Own :- _____ Joint :- _____ Total :- _____		
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			-----	-----	-----	-----						

I hereby declare that all the entries made by me are true to the best of my knowledge and belief. If anything is found false at any stage, my candidature for the Post of **Professor** may be cancelled without assigning any reason thereof.

Date : -----

Place : -----

Signature of Applicant : -----

Name of Applicant : -----