



GONDWANA UNIVERSITY GADCHIROLI

(A State University Established by Maharashtra Public University Act, 2016)

Application Form No. -----

(For Office use only)

Employment Notice No. : GUG/23/2017

Dated :- 06/10/2017

To,

THE REGISTRAR

Gondwana University, Gadchiroli

M. I. D. C. Road, Complex, Gadchiroli

Dist-Gadchiroli Pin 442605

Sub :- Application for the Post of:

DIRECTOR (Innovation, Incubation and Linkages)

Sir,

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

APPLICATION FORM

(Please read the general instructions, Terms & conditions before filling the form)

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

2. Personal Details (In Capital Letters)				Enclosure No.
Full Name (Surname First)				
Date of Birth (DD/MM/YY)		Age (In Years) as on 08/11/ 2017		
Gender (Male/Female)		Marital Status		
Nationality		Religion		
Category with Caste (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.	
Fax No.	

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

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

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	

Total Teaching Experience : [-----Y(Years)] [-----M(Months)] [-----D(Days)]

Special contribution, if any :

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

8. Experience in Research Establishment / Institutions of Higher Learning / Industries / Professional								Enclosure No.
Post Held	Basic Pay & Pay Band with A.G.P.	University / Institution	Period		Teaching Experience			
			From	To	Y	M	D	
Total Teaching Experience : [-----Y(Years)] [-----M(Months)] [-----D(Days)]								
Special contribution, if any :								
(Enclose additional sheet, if required, in the same format)								

9. Research Experience :		Enclosure No.
Number of Ph. D. Degrees Awarded under Supervision :	[]	
Number of Ph. D. Thesis Submitted under Supervision :	[]	
Number of Ph. D. Students Registered under Supervision :	[]	
Total Research Experience :	[-----Y(Years)] [-----M(Months)] [-----D(Days)]	

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		Teaching Experience			
			From	To	Y	M	D	
Total Administrative Experience : [-----Y(Years)] [-----M(Months)] [-----D(Days)]								
Special contribution, if any :								
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(Enclose additional sheet, if required, in the same format)								

12. Experience of establishment of an Enterprise / Industry	Enclosure No.
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(Enclose additional sheet, if required, in the same format)	

13. Experience of establishment of Collaborations / Linkage at National / International Level	Enclosure No.
<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	
(Enclose additional sheet, if required, in the same format)	

14. Detail about executed major Research / Consultancy / Industrial Projects									Enclosure No.
Sr. No.	Title of the Projects	Name of Agency	Period	Type of Project (Research Consultancy / Industrial)	Whether Collaborative of Joint	Linkage at (National / International University or Institution or Industry)	Grant/ Amount Mobilized (Rs. In Lakhs)	Whether Policy Document / Patent as outcome	

15. Evidence regarding knowledge in the field of Intellectual Property Rights	Enclosure No.
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(Enclose additional sheet, if required in the same format)	

16. Academic Distinctions (Award/Scholarship/ Rank, etc.) Enclose additional sheet, if required, in the same format		Enclosure No.
(i)		
(ii)		
(iii)		
(iv)		
(v)		
(vi)		
(vii)		
(viii)		
(ix)		
(x)		

17. Membership / Fellowship of Learned Accredited Academic Bodies: Enclose additional sheet, if required, in the same format		Enclosure No.
(i)		
(ii)		
(iii)		
(iv)		
(v)		
(vi)		

18. Competence in Computer Application:	Enclosure No.
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19. Additional Information, if any: (Use separate sheet, if necessary)	Enclosure No.
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20. Name and Postal Address of Two Referees:	
Referee 1	Referee 2
E-mail ID :	E-mail ID :
Mobile No. :	Mobile No. :

21. Total No. of Enclosures 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 : -----

OFFICE SEAL

Place : -----

Date : -----

GONDWANA UNIVERSITY GADCHIROLI

Proforma - A

Statement showing particulars of applicant for the Statutory officers post of **DIRECTOR (Innovation, Incubation and Linkages)**

Post Category : OPEN	No. of Post : 01 (ONE)	Advt. No. GUG/23/2017 Dated 06/10/2017
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Name & Correspondence Address of the Applicant with Contact No. & E-mail ID	Date of Birth	Academic Qualifications				Experience (Years /Months/Days)					No. of executed major Research / Consultancy / Industrial Projects	Evidence regarding knowledge in the field of Intellectual Property Rights	Publications
		Degree Awarded	Year of Passing	% / CGPA	Div. / Grade	Teaching	Research	Admin.	Establishment of an Enterprise / Industry	Establishing Collaborations / Linkages at National International Level			
1	2	3	4	5	6	7	8	9	10	11	12	13	14
	AGE as on 08/11/2017	-----	-----	-----	-----								International : Own : ----- Joint : ----- Total : ----- National : Own : ----- Joint : ----- Total : -----

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 statutory officers Post of Director (Innovation, Incubation and Linkages) may be cancelled without assigning any reason there for.

Date : -----
Place : -----

Signature of Applicant : -----
Name of Applicant : -----