



# GONDWANA UNIVERSITY GADCHIROLI.

## Application form for the Post of Finance & Accounts Officer

Advertisement No : 35/2021

Dated : 12/05/2021

Last Date for Submission of hard copy of filled in Application Form is 12/06/2021.

**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  
(Do Not Staple)

1) Name in full :-

\_\_\_\_\_

(Surname first) (in Capital Letters)

2) Address for correspondence :-

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone No :- Residence \_\_\_\_\_ (Office) \_\_\_\_\_ (Mob.) \_\_\_\_\_

Fax No. :- \_\_\_\_\_ E-mail:- \_\_\_\_\_

3) Permanent Address :-

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4) Nationality :- \_\_\_\_\_ Religion:- \_\_\_\_\_

5) i) Date of Birth :- \_\_\_\_\_

ii) Present Age :- Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

6) Whether member of SC/ST/VJ/NT/SBC/OBC ?

If yes, specify – CATEGORY :- \_\_\_\_\_ CAST :- \_\_\_\_\_

7) Educational Qualifications (Please attach Mark Sheets/Degree Certificates in chronological order)

<i>Exams/ Degrees</i>	<i>Name of Exam</i>	<i>Universit y / Board</i>	<i>Division</i>	<i>Attempts</i>	<i>Year of Passing</i>	<i>% of Marks obtained</i>	<i>Major Subjects offered (Specialization if any)</i>	<i>Merit/ Prizes/ Medals conferred</i>
C. A.								
Cost Accountant								
Ph. D.								
M. Phill.								
P. G.								
U. G.								
H.S.S.C.								
S.S.C.								
Others								

8) Particulars of Professional Experience.(Attach supporting documents)

Name of the Institutions/ Industry	Post-held with pay scale	Professional Experience	
		From	To

9) Particulars of any other Experience :-

---



---



---



---



---

(Attach supporting documents/proofs) (Attach separate sheet, if required)

10) Period required for joining, if appointed :- \_\_\_\_\_

11)A) Minimum pay, if the initial pay is :- \_\_\_\_\_  
not acceptable.

B) Whether demand of enhanced pay is :- \_\_\_\_\_  
a request or conditions ?

**DECLARATION**

I, \_\_\_\_\_ hereby declare that all the information given above is true to the best of my knowledge and belief, I am not aware of any circumstances, which may impair my fitness for employment in Gondwana University, Gadchiroli. I have never been disqualified / debarred from appearing in any University Examination / University Work. I have never been dismissed from University / College / Government Service / Industry.

Place :- \_\_\_\_\_  
Date :- \_\_\_\_\_ Signature of Applicant

**NO OBJECTION CERTIFICATE**

Certified that Dr./Shri./Smt./Ku. \_\_\_\_\_ is working as \_\_\_\_\_ w.e.f. \_\_\_\_\_ in the pay scale / pay band of Rs. \_\_\_\_\_ drawing the basic pay of Rs. \_\_\_\_\_. This Office has no objection if he / she is selected for the post of Finance & Accounts Officer in the Gondwana University, Gadchiroli and will be relieved within the stipulated period.

Place :- \_\_\_\_\_  
Date :- \_\_\_\_\_ Signature of employer/Competent Authority  
With designation & Seal

**Declaration  
Form A  
(See Rule-4)**

I, Shri/Smt./Kum. \_\_\_\_\_  
Son/ Daughter/ Wife of Shri. \_\_\_\_\_  
Age -----Year, resident of \_\_\_\_\_  
----- 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 no. Of children born after 28<sup>th</sup> March, 2005 is \_\_\_\_\_  
(Mention dates of birth, if any)
3. I am aware that if any total number of living children is more than two due to children born after 28<sup>th</sup> March, 2006, I am liable to be disqualified for the same post.

Place:  
Date: \_\_\_\_\_ Signature of Applicant