

# Kavayitri Bahinabai Chaudhari North Maharashtra University, Jalgaon

# Umavinagar, Jalgaon 425 001 (M.S.)

***APPENDIX- A***

Advertisement No.: **07/2019**

***(Please submit TEN sets with necessary enclosures)***

To

***Affix recent passport size photograph with self-attestation***

# The Offg. Registrar,

Kavayitri Bahinabai Chaudhari North Maharashtra University,

# Jalgaon-425 001.

**Sub. :Application for the post of *(Please clearly tick in the proper box):***

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| **Sr. No.** | **Post to be apply** | **Tick in the proper box** |
| **1)** | **Dean, Faculty of Commerce and Management** |  |
| **2)** | **Director of Innovation, Incubation and Linkages** |  |
| **3)** | **Director of Lifelong Learning and Extension** |  |
| **4)** | **Finance and Accounts Officer** |  |
| **5)** | **Registrar** |  |

Sir,

I hereby submit my application for the post of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (write name of the post in handwritten) with the following details :

APPLICATION FORM

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

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| **1. Application Fee** (Non-Refundable) | | | | |
| Demand Draft No. | Date | Amount (Rs.) | Name of the Bank | Branch Name |
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| **2. Personal Details** (In Capital Letters) | | | | | | **Enclosure No.** | |
| Full Name  (Surname First) |  | | | | | | |
| Date of Birth  (DD/MM/YY) | DD | MM | YY | Age (In Years) as on  **23/12/2019** | |  |  | | --- | --- | | MM | YY | |  |  | | |  |
|  |  |  |
| 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 |  | | | | |  | |

Page **1** of **13**

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| **3. Address** | |
| **Address for Correspondence** | **Permanent Address** |
| Pin Code : | Pin Code : |

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| **4. Communication Details** | |
| E-mail ID |  |
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| Mobile No. |  |
| Fax No. with STD |  |

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

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| **6. Present Position** | | | | | | **Enclosure No.** |
| **Designation** | **University/**  **Institution** | **From Date** | **Basic Pay** | **Pay Scale/ Pay Band** | **Gross Pay/**  **Total Salary p.m.** |
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| **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** | | |
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| Total Teaching Experience**:[ Y(Years)][ M(Months)][ D (Days)]** | | | | | | | | |
| **Special contribution, if any :**  ……………………………………………………………………………………………………………………………………………………………………………………………………………….………………………………………………………  ……………………………………………………………………………………………………………………………………………………………………………………………………………….………………………………………………………  ……………………………………………………………………………………………………………………………………………………………………………………………………………….………………………………………………………  ……………………………………………………………………………………………………………………………………………………………………………………………………………….………………………………………………………  ……………………………………………………………………………………………………………………………………………………………………………………………………………….………………………………………………………  ……………………………………………………………………………………………………………………………………………………………………………………………………………….………………………………………………………  ……………………………………………………………………………………………………………………………………………………………………………………………………………….………………………………………………………  ……………………………………………………………………………………………………………………………………………………………………………………………………………….………………………………………………………  (*Enclose additional sheet, if required, in the same format*) | | | | | | | | |

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

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| **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)]** | | |

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| **10. Publications:** | | | | | | | | | | **Enclosure No.** |
| Number of Books Published : | | | | **[ ]Own** | | **[ ] Joint Authorship** | | | |  |
| Number of Books Edited : | | | | **[ ]Own** | | **[ ] Joint Authorship** | | | |  |
| Number of Papers Published : | | | | **[ ]Own** | | **[ ] Joint Authorship** | | | |  |
| **Own** | | | | | **Joint Authorship** | | | | | |
| International | National | International | National | | International | | National | International | National | |
| Journals | Journals | Conferences/ | Conferences | | Journals | | Journals | Conferences/ | Conferences/ | |
|  |  | Seminars/ | /Seminars/ | |  | |  | Seminars/ | Seminars/ | |
|  |  | Symposium | Symposium | |  | |  | Symposium | Symposium | |
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| **NOTE :*Give the details of Publications on separate sheet*.** | | | | | | | | | | |

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

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| **12. Experience of establishment of an Enterprise/Industry / Firm** | **Enclosure** |
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| **13. Experience of establishing Collaborations / Linkages at National / International level** | **Enclosure No.** |
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| **14. Details about executed major Research / Consultancy / Industrial projects** | | | | | | | | | **Enclosure No.** |
| **Sr.**  **No.** | **Title of the Project** | **Name of Agency** | **Period** | **Type of Project** (Research/ Consultancy/ Industrial) | **Whether Collaborative or Joint** | **Linkage at** (National/ International University or Institution or Industry) | **Grant/ Amount Mobilized**  **(Rs. In Lakhs)** | **Whether Policy Document**  **/Patent as outcome** |
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| **15. Evidence regarding knowledge in the field of Intellectual Property Rights** | **Enclosure No.** |
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| **16. Academic Distinctions** (Award/Scholarship/Rank, etc.)**:**  *(Enclose additional sheet, if required, in the same format)* | | **Enclosure No.** |
| (i) |  |  |
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| **17. Membership/Fellowship of learned Accredited Academic Bodies:**  *(Enclose additional sheet, if required, in the same format)* | | **Enclosure No.** |
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| **18. Competence in Computer Applications:** | **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:**

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| DATE : |  |
| PLACE: | **(Signature of Applicant)** |

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| **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 Advertisement No. Dated on the website of the University. | |
| DATE : |  |
| PLACE: | **(Name & Signature of Applicant)** |

***APPENDIX-D***

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| **(Government of Maharashtra, Gazettee, April, 28, 2005)**  **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 28thMarch, 2005 is/are   (Mention dates of Birth, if any.)   1. 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)** |

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| **ENDORSEMENT BY THE EMPLOYER**  **(For in-service candidates only)** | |
| **To be signed and forwarded by the present employer**  *Forwarded to*:  **The Offg. Registrar,**  **Kavayitri Bahinabai Chaudhari North Maharashtra University,**  **Jalgaon-425001**  The applicant Dr./Shri/Mrs./Ms.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who has submitted this application for the post of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the Kavayitri Bahinabai Chaudhari North Maharashtra University, Jalgaon, 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 Kavayitri Bahinabai Chaudhari North Maharashtra University, Jalgaon. | |
|  |  |
| *Signature of the forwarding authority* |  |
| Name: |  |
| Designation: | **OFFICE SEAL** |
| Place: |  |
| Date: |  |

**KAVAYITRI BAHINABAI CHAUDHARI NORTH MAHARASHTRA UNIVERSITY, JALGAON**

***Particulars of applicant for the Post of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

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| **Post Category :** Isolated | **No. of Post :**01 (ONE) | Adv. No. \_\_/2019; dated \_\_/07/2019 |

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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** | **Percentage/CGPA** | **Div./ Grade** | **Teaching** | **Research/Industrial/Professional/Entrepreneurial** | **Administrative** | **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 |
|  |  |  |  |  |  |  |  |  |  |  |  |  | **International :**  **Own:\_\_\_\_\_\_\_Joint:\_\_\_\_\_\_\_Total:**  **National:**  **Own\_\_\_\_\_\_\_\_**  **Joint:\_\_\_\_\_\_\_\_**  **Total:\_\_\_\_\_\_\_\_** |
| **AGE**  **As on 23/12/2019** |
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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 Statutory Officer’s Post of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ may be cancelled without assigning any reason there for.**



Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Place:



Page**13** of **13**

Signature of Applicant:

Name of Applicant: