

**Yashwantrao Chavan Maharashtra Open University,**  
**Dnyangangotri, Near Gangapur Dam, Goverdhan, Nashik – 422 222 (M.S.)**  
Phone : (0253) 2230227, 2230459

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**APPLICATION FORM FOR THE POST OF PROFESSOR**

Advt. No. YCMOU/Est/2021/573 Dt. 01.10.2021

To

**The Registrar,**  
Yashwantrao Chavan Maharashtra Open University,  
'Dnyangangotri ', Near Gangapur Dam, Goverdhan,  
Nashik – 422 222

*Affix  
recent  
passport  
size  
photograph  
with self-  
attestation*

Sir,

I am herewith submitting my application form as below :

Application for the post Professor in

<b>Sr. No.</b>	<b>School</b>	<b>Subject</b>	<b>Tick in the proper box</b>
01	School of Humanities and Social Sciences	Humanities / Social Sciences	
02	School of Computer Science	Computer Science	
03	School Commerce and Management	Commerce/Management	
04	School of Architecture, Science and Technology	Science	

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

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



5. Educational Qualifications (In sequence of Ph.D., PG, Graduate)					Enclosure No.
Name of Exam./Degree	University /Institution /Board	Year of Passing	Percentage of Marks	Division/ Class/ CGPA	
Ph.D.					
<i>(Please use an additional sheet, if required, retaining the above tabular format)</i>					
<b>Title of Thesis/Dissertation</b> <i>(If Published, give details on a separate sheet)</i>					
Ph.D.					
M. Phil.					
P.G.					
Particulars of NET/SET/ SLET/GATE or Equivalent Exam.					

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

7. Teaching Experience as an approved full-time teacher											Encl- Ser No.
Post Held	Basic Pay & Pay Band with A.G.P.	University/ Institution	Type (Govt / Aided / Private)	Period		Approval date		Approved Teaching Experien ce			
				From	To	From	To	Y	M	D	
											7.1
											7.2
											7.3
											7.4
											7.5
											7.6
											7.7
											7.8
											7.9
											7.10
Total 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 / Industrial /Professional / Entrepreneurial								Nature of work	Enclosure No.
Post Held	Basic Pay & Pay Band with A.G.P.	University/ Institution	Period		Experience				
			From	To	Y	M	D		
									8.1
									8.2
									8.3
									8.4
									8.5
									8.6
Total Experience: [_____Y(Years)][_____M(Months)][_____D(Days)]									

**Special contribution, if any :**

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

<b>9. Research Experience:</b>		<b>Enclosure No.</b>
Number of Ph.D. Degrees Awarded under Supervision :	[     ]	9.1
Number of Ph.D. Thesis Submitted under Supervision :	[     ]	9.2
Number of Ph.D. Students Registered under Supervision :	[     ]	9.3

<b>10. Publications:</b>				<b>Enclosure No.</b>			
Number of Books Published :		[     ] <b>Own</b>	[     ] <b>Joint Authorship</b>	10.1			
Number of Books Edited :		[     ] <b>Own</b>	[     ] <b>Joint Authorship</b>	10.2			
Number of Papers Published :		[     ] <b>Own</b>	[     ] <b>Joint Authorship</b>	10.3			
<b>Papers</b>		<b>Own</b>		<b>Joint Authorship</b>			
International Journals	National Journals	International Conferences/ Seminars/ Symposium	National Conferences /Seminars/ Symposium	International Journals	National Journals	International Conferences/ Seminars/ Symposium	National Conferences/ Seminars/ Symposium
[     ]	[     ]	[     ]	[     ]	[     ]	[     ]	[     ]	[     ]







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	
									14.1
									14.2
									14.3
									14.4
									14.5
									14.6

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

<b>16. Academic Distinctions (Award/Scholarship/Rank, etc.):</b> <i>(Enclose additional sheet, if required, in the same format)</i>		<b>Enclosure No.</b>
(i)		16.1
(ii)		16.2
(iii)		16.3
(iv)		16.4
(v)		16.5
(vi)		16.6
(vii)		16.7
(viii)		16.8
(ix)		16.9
(x)		16.10

<b>17. Membership/Fellowship of learned Accredited Academic Bodies:</b> <i>(Enclose additional sheet, if required, in the same format)</i>		<b>Enclosure No.</b>
(i)		17.1
(ii)		17.2
(iii)		17.3
(iv)		17.4
(v)		17.5
(vi)		17.6
(vii)		17.7
(viii)		17.8

18. Competence in Computer Applications:	Enclosure No.
<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	18.1

19. Additional Information, if any: <i>(Use separate sheet, if necessary)</i>	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> <p>.....</p> <p>.....</p> <p>.....</p>	19.1

**20. Name and Postal Address of Two Referees:**

Referee 1	Referee 2
E-mailID :	E-mailID :
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 Advertisement No. \_\_\_\_\_

\_\_\_\_\_ Dated \_\_\_\_\_ on the website of the University.

DATE : \_\_\_\_\_

PLACE: \_\_\_\_\_

\_\_\_\_\_  
**(Name & Signature of Applicant)**

(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 28<sup>th</sup> March, 2005 is/are \_\_\_\_\_  
(Mention dates 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 28<sup>th</sup> 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,**  
Yashwantrao Chavan Maharashtra Open University,  
'Dnyangangotri ', Near Gangapur Dam,  
Nashik – 422 22201

The applicant Dr./Shri /Mrs./Ms. \_\_\_\_\_ who has submitted  
this application for the post of **Professor** in (Institute/Univ.)

\_\_\_\_\_, on the post of  
\_\_\_\_\_ in a temporary/permanent capacity with effect from \_\_\_\_\_ in  
the Scale of Pay /Pay Band/Metrix Pay of Rs. \_\_\_\_\_ with Grade Pay of Rs.  
\_\_\_\_\_/ Pay Level \_\_\_\_\_. 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 Yashwantrao Chavan Maharashtra Open University, Nashik

\_\_\_\_\_  
*Signature of the forwarding authority*

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Place: \_\_\_\_\_

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

**OFFICE SEAL**