**Yashwantrao Chavan Maharashtra Open University, Nashik**

**(NAAC Accredited 'A' Grade)**

Dnyangangotri, Near Gangapur Dam, Govardhan, Nashik 422 222

**Application Format For the post of ASSISTANT / SUPERINTENDENT CUM ACCOUNTANT**

**To,**

*Self attested latest passport size photograph*

**The Registrar,**

Yashwantrao Chavan Maharashtra Open University

Dnyangangotri, Govardhan,

Near Gangapur Dam

Nashik - 422 222

 **Subject :** Application for the Post of **-------------------------**

 *(Alongwith Sr.No. of Post & Subject if any shown in Advertisement)*

 **Reference :** Advertisement No. :

**1. Full Name** *(In BLOCK Letters)* **:**  *(Surname) (First name)*  *(Middle name)*

**2. Address for correspondence :**

 Telephone Number :

 E-mail :

 Mobile No. :

**3. Date of Birth :** Day Month Year

**4. Age as on closing date of advertisement :** Months Days Years

 ***i.e. (08/08/2022)***

**5. Gender :** Male / Female / Other

**6. Caste and Category of the applicant :**

 (*SC / ST / DT / NT / SBC / OBC / EWS/.Open)*

**7. If physically handicapped person :**

 *Please mention category & percentage of P.H.*

**8. Educational Qualifications** *(Details with attested copies of mark-sheet and certificates of all the qualifications acquired starting from Graduate degree)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *Sr.No* | *Name of the Examination* | *University / Board / Institute* | *Subjects / Discipline* | *Class/Grade/ Percentage/**CGPA* | *Year of passing* | *Subject of Specialization.* |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**9.** **Experience** *(including present post)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *No.* | *Name and address of the employer* | *Post held* | *Work Experience as on 18/07/2022* | *Pay Scale* | *Duties performed in brief* | *Please state whether the service is Central / State / Semi Govt./ University* |
| *From* | *To* | *Total* |
|  |  | *Year* | *Months* |
|   |   |   |   |   |   |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

**10. Extra Curricular activities, etc. :**

  *(Separate sheet be attached / self attested if required)*

**11. No. of living children and date of birth of :**

 **last child** *(Necessary undertaking in the prescribed*

 *form "A" should be enclosed with the application.)*

**12. Particulars of application fee Paid :** UTR No :

 Name of Bank :

 Amount : Rs.

 Date : / /2022

**DECLARATION**

I solemnly declare that, all the particulars furnished in this application are true and correct. I clearly understand that any false and incorrect statement contained herein will render me for appropriate action as may be decided by the University.

**Place :**

**Date : *Signature of Applicant***

**UNDERTAKING**

**FORM “A”**

**(SEE RULE-4)**

I, Shri./Smt./Kum. …….......……………………………………………………… son / daughter / wife of Shri. ……………………………………………………. Aged …....... years, 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, number of children born after 28th March, 2005 is ………...................………. (mention date(s) of birth, if applicable).

3. I am aware that if total numbers of living children are more than two due to the children born after 28th March, 2005, I am liable to be disqualified for the same post.

**Place :** ……………..

 ***Signature of applicant***

**Date :** / /2022