**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)*

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| --- | --- | --- | --- | --- | --- | --- |
| *Sr.No* | *Name of the Examination* | *University / Board / Institute* | *Subjects / Discipline* | *Class/Grade/ Percentage/*  *CGPA* | *Year of passing* | *Subject of Specialization.* |
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**9.** **Experience** *(including present post)*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *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* |
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**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