

To,

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

	Dnyang Near Ga		arashtra Open Univ	versi	ty		lat	Self attested latest passport size photograph				
	Su	bject : Applica	ntion for the Post of	·			L					
		(Alongw	ith Sr.No. of Post &	Subj	ect if any sho	wn in Advertisen	nent)					
	Re	eference : Adverti	sement No.:									
1.	Full N	Full Name (In BLOCK Letters)			(Surnar	ne) (First	name)	e) (Middle name)				
2.	Addr	ess for correspond	lence	:								
3. 4.	Age a	Date of Birth Age as on closing date of advertisement			E-mail Mobile No. Day	: :	Month	1Year Years				
5.	,	i.e. (08/08/2022) Gender			: Male / Female / Other							
6.	Caste	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.			ions (Details with ting from Graduate o			of mark-sheet	and certi	ificates of all the				
	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	Please state whether the	
			From	To	To	tal		brief	service is
					Year	Months			Central / State
									/ Semi Govt./
									University

10. Extra Curricular activities, etc. : (Separate sheet be attached / self attested if required)												
11.	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.	2. Particulars of application fee Paid : UTR No :											
	Name of Bank :											
Amount: Rs												
		Date : / /2022										
	DECLARATION											
	I solemnly declare that, all the particul	lars furnished in this application are true and correct.										

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)

	nri./Smt./Kum. Shri.				_	
	do				• • • • • • • • • • • • • • • • • • • •	•
1.	That I have filled my application for th		 			•
2.	I have (Number) living child after 28 th March, 2005 is	•				
3.	I am aware that if total numbers of livafter 28 th March, 2005, I am liable to b	_		e to the	children b	orn
	e: / /2022		Signati	ure of ap	plicant	