

Email ID																				
Mobile Number																				
Date of Birth (DD/MM/YYYY)				/			/													
Age				Years					Months											Days
Nationality																				
Male/Female/Other																				

3. Tick the correct category

Caste Category	S.C.	S.T.	V.J.(A)	N.T.			S.B.C.	O.B.C.	OPEN
				B	C	D			

4. Details of Demand Draft : D D NO. _____ Date
 ___/___/_____

Amount Rs. _____ Name of Bank : _____

5. Educational Qualifications:

Examination	University/Board	Month and Year of Passing	Subject	% of Marks	Class/ Division	Attach. Document No.
Graduate						5.1
Post-Graduate						5.2
						5.3
						5.4
						5.5
						5.6
						5.7
						5.8
						5.9
						5.10

6. Teaching Experience of Private / Unaided Service (Attach attested copies of University approval/experience certificate from Competent Authority)

Sr. No.	Institution/ Organisation	Position Held	Pay Scale	Basic Pay	Period		Total Years/ Month	Period of University Approval		Attached Document No.
					From	To		From	To	
										6.1
										6.2
										6.3
										6.4
										6.5
										6.6

7. Teaching Experience of Government / Aided Service (Attach relevant document for experience)

Sr. No.	Institution/ Organisation	Position Held	Pay Scale	Basic Pay	Period		Total Years/ Month	Attached Document No.
					From	To		
								7.1
								7.2
								7.3
								7.4
								7.5
								7.6
								7.7

8. Experience on Academic Administration / Administration (Attach relevant document for experience)

Sr. No.	Institution/ Organisation	Position Held	Pay Scale	Basic Pay	Period		Total Years/ Month	Attached Document No.
					From	To		
								8.1
								8.2
								8.3
								8.4
								8.5
								8.6
								8.7
								8.8
								8.9
								8.10

09. Positions with Pay Scale detail

13. (a) Present position : _____

(b) Name of Institution / Organization where employed _____

c) Salary :

Pay Rs. _____ in the pay-scale (pay band/Pay Matrix) of Rs. _____

D.A. Rs. _____

H.R.A. Rs. _____

C.L.A. Rs. _____

Other Rs. _____

Allowance, if any _____

Total Rs. _____ (Attach Last Pay Certificate with self attested)

(d) Date of appointment on present position: _____

10. Other Achievements/ Awards/ Appreciation letters etc

11. List the Membership of various National/International Academic / Non—Academic bodies

12. Publications (Preferred related to the work of the post applied)

13. Patents, if any

14 Documents (Self Attested photo copies) attached

1		2	
3		4	
5		6	
7		8	
9		10	
11		12	
13		14	
15		16	

15. Names and addresses of not more than two persons to whom references may be made

1) _____

2) _____

I hereby declare that all statements made by me in this application are true, complete and correct to the best of my knowledge and belief, I understand that in the event of any information being found false, incomplete or incorrect, my candidature /appointment is liable to be cancelled/terminated. I further understand that no notice shall be taken of any request for withdrawal of my application.

Place :

Date :

(Signature of Candidate with Name)

If employed the application should be forwarded through proper channel

Application of Shri/ Smtfor the post of Is Forwarded through proper channel.

Place:

Seal

Signature

Date:

(Competent Authority)

CERTIFICATE

I, Shri/Smt/Kum _____ have applied for the post of
.....

I state that I am neither convicted nor any criminal case, departmental enquiry or disciplinary action is pending against me.

In case any false information is detected, I understand that my application is liable to be rejected or the appointment made would stand terminated.

Place :

Date :

(Signature of the Candidate)

(Government of Maharashtra Gazette, March, 28, 2005 ,Form – A (See Rule -4)

Declaration

I, Shri/Smt/Kum

_____ Son/daughter/wife of Shri

_____ Age _____ years, resident of _____

Hereby declare as follows :

That I have filled my application for the post of

I have (Number) living children as on today. Out of which no. of children born after 28th March, 2005 is

(Mention dates of birth, if any)

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

Place :

Date :

Signature

No Objection Certificate

(To be signed and forwarded by the present employer)

Forwarded To,

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

The applicant Dr/Shri./Smt. who has submitted this application for the post of in the Yashwantrao Chavan Maharashtra Open University, Nashik, has been working in on the post of in a temporary / permanent capacity with effect from in the scale of pay / Pay Band with Grade Pay / Matrix Pay His or her next increment is due on

This organization/ Institute has no objection on his application for above post.

Place :

Date :

**Signature of the forwarding authority
(Name and designation)**

Office Seal