



RASHTRASANT TUKADOJI MAHARAJ NAGPUR UNIVERSITY, NAGPUR

(A State University established by Maharashtra Public Universities Act, 2016)

Application Form No. _____

(For office use only)

Advertisement No. : **RTMNU/GA/978**

Dated : **12th September, 2019**

To

THE REGISTRAR,

Rashtrasant Tukadoji Maharaj Nagpur University,
Chhatrapati Shivaji Maharaj Administrative Premises,
Ravindranath Tagore Marg,
Amravati Road,
Nagpur-440 001.

Affix recent
passport size
photograph with
self-attestation

Sub. : Application for the Post of REGISTRAR

Sir,

I hereby submit my application for the post mentioned above with the following details :

APPLICATION FORM

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

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

2. Personal Details (In Capital Letters)				Enclosure No.
Full Name (Surname First)				
Date of Birth (DD/MM/YY)		Age (In Years) as on 5th October, 2019		
Gender (Male/Female)		Marital Status		
Nationality		Religion		
Category (with Caste) (SC/ST/VJ(A)/NT-B/NT-C/NT-D/ OBC/OPEN/PH/Ex-Serviceman, etc.)				
Particulars of Physical Disability, if Applicable				

3. Address	
Address for Correspondence	Permanent Address
Pin Code :	Pin Code :

4. Communication Details	
E-mail ID	
Phone No.	
Mobile No.	
Fax No.	

5. Educational Qualifications (Matriculation onward)					Enclosure No.
Name of Exam. /Degree	University /Institution /Board	Year of Passing	Percentage of Marks	Division/ Class/ CGPA	
(Please use an additional sheet, if required, retaining the above tabular format)					
Ph.D. (Mark ✓ in Appropriate Box)	Degree Awarded []	Thesis Submitted []			
Title of Thesis/Dissertation (If Published, give details on a separate sheet)					
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.	

7. TEACHING EXPERIENCE AS AN APPROVED FULL-TIME TEACHER							Enclosure No.	
Post Held	Basic Pay & Pay Band with A.G.P.	University/ Institution	Period		Teaching Experience			
			From	To	Y	M		D

Total Teaching Experience : [_____ Y (Years)] [_____ M (Months)] [_____ D (Days)]

Special contribution, if any :

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

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

10. Publications :							Enclosure No.
Number of Books Published :	[] Own	[] Joint Authorship					
Number of Books Edited :	[] Own	[] Joint Authorship					
Number of Papers Published :	[] Own	[] Joint Authorship					
Own				Joint Authorship			
International Journals	National Journals	International Conferences/ Seminars/ Symposium	National Conferences/ Seminars/ Symposium	International Journals	National Journals	International Conferences/ Seminars/ Symposium	National Conferences/ Seminars/ Symposium
[]	[]	[]	[]	[]	[]	[]	[]
NOTE : Give the details of Publications on separate sheet.							

11. ADMINISTRATIVE EXPERIENCE							Enclosure No.
Post Held	Basic Pay & Pay Band with A.G.P.	University/ Institution	Period		Administrative Experience		
			From	To	Y	M	D
Total Administrative Experience : [____ Y (Years)] [____ M (Months)] [____ D (Days)]							
Special contribution, if any :							
.....							
.....							
.....							
.....							
.....							
.....							
.....							
.....							
.....							
.....							
(Enclose additional sheet, if required, in the same format)							

12. Academic Distinctions (Award/Scholarship/Rank, etc.) : <i>(Enclose additional sheet, if required, in the same format)</i>		Enclosure No.
(i)		
(ii)		
(iii)		
(iv)		
(v)		
(vi)		
(vii)		
(viii)		
(ix)		

13. Membership/Fellowship of learned Accredited Academic Bodies : <i>(Enclose additional sheet, if required, in the same format)</i>		Enclosure No.
(i)		
(ii)		
(iii)		
(iv)		
(v)		
(vi)		

14. Competence in Computer Applications :	Enclosure No.
.....	
.....	
.....	
.....	
.....	
.....	
.....	
.....	
.....	
.....	

15. 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>	

16. Name and Postal Address of Two Referees :	
Referee 1	Referee 2
E-mail ID :	E-mail ID :
Mobile No. :	Mobile No. :

17. 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 Employment Notice No. _____ Dated _____ on the website of the University.

DATE : _____

PLACE : _____

(Name & Signature of Applicant)

DECLARATION-II

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 28th 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 28th March, 2005, 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,
Rashtrasant Tukadoji Maharaj Nagpur University,
Chhatrapati Shivaji Maharaj Administrative Premises,
Ravindranath Tagore Marg,
Nagpur-440001**

The applicant Dr./Shri/Mrs./Ms. _____,
who has submitted this application for the post of _____
in the Rashtrasant Tukadoji Maharaj Nagpur University, Nagpur, has been working in
_____, on the post of
_____ in a temporary/permanent
capacity with effect from _____ in the Scale of Pay
/Pay Band of Rs. _____ with Grade Pay of Rs. _____.
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 Rashtrasant
Tukadoji Maharaj Nagpur University, Nagpur.

Signature of the forwarding authority

Name : _____

Designation : _____

Place : _____

Date : _____

OFFICE SEAL

RASHTRASANT TUKADOJI MAHARAJ NAGPUR UNIVERSITY, NAGPUR

Statement showing particulars of applicant for the Post of **REGISTRAR**

Category : OPEN	No. of Post : 01 (ONE)	Adv. No. RTMNU/GA/978, dated 12th September, 2019
------------------------	-------------------------------	---

Name & Correspondence Address of the Applicant with Contact No. & E-mail ID	Age / Date of Birth	Category & Caste of candidate	Academic Attainments				Experience (Yr./Month/Days)			Publications, if any	Academic Distinctions, if any	Any other Information, if any
			Degree Awarded	Year of Passing	% / CGPA	Div./ Grade	Teaching	Research	Administration			
1	2	3	4	5	6	7	8	9	10	11	12	13
										International : Own : _____ Joint : _____ Total : _____ National: Own : _____ Joint : _____ Total : _____		

I hereby declare that all the entries made by me are true to the best of my knowledge and belief. If anything is found false at any stage, my candidature for the post of _____ may be cancelled without assigning any reason thereof.

Date : _____

Place : _____

Signature of Applicant : _____

Name of Applicant : _____