



Kavayitri Bahinabai Chaudhari North Maharashtra University, Jalgaon
Umavinagar, Jalgaon 425 001 (M.S.)

APPENDIX- A

Advertisement No.: 07/2019
(Please submit TEN sets with necessary enclosures)

To

The Offg. Registrar,
Kavayitri Bahinabai Chaudhari North Maharashtra University,
Jalgaon-425 001.

*Affix recent
passport size
photograph
with self-
attestation*

Sub. : Application for the post of (Please clearly tick in the proper box):

Sr. No.	Post to be apply	Tick in the proper box
1)	Dean, Faculty of Commerce and Management	
2)	Director of Innovation, Incubation and Linkages	
3)	Director of Lifelong Learning and Extension	
4)	Finance and Accounts Officer	
5)	Registrar	

Sir,

I hereby submit my application for the post of _____ (write name of the post in handwritten) 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)	DD	MM	YY	Age (In Years) as on _____, 2019	MM	YY	
Gender (Male/Female)				Marital Status			
Nationality				Religion			
Category with Caste (SC/ST/VJ-A/NT(B/C/D)/ OBC/OPEN/PH, etc.)							
Particulars of Physical Disability, if Applicable							

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 :

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

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

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16. 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)		
(x)		

17. 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)		

18. Competence in Computer Applications:		Enclosure No.
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19. Additional Information, if any: (Use separate sheet, if necessary)	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>	

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

21. 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 Advertisement No. _____

_____ Dated _____ on the website of the University.

DATE : _____

PLACE: _____

(Name & Signature of Applicant)

(Government of Maharashtra, Gazettee, April, 28, 2005)

Form-‘A’

(See Rule -4)

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, 2006, 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 Offg. Registrar,
Kavayitri Bahinabai Chaudhari North Maharashtra University,
Jalgaon-425001

The applicant Dr./Shri/Mrs./Ms. _____, who has submitted this application for the post of _____ in the Kavayitri Bahinabai Chaudhari North Maharashtra University, Jalgaon, 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 Kavayitri Bahinabai Chaudhari North Maharashtra University, Jalgaon.

Signature of the forwarding authority

Name: _____

Designation: _____

Place: _____

Date: _____

OFFICE SEAL

KAVAYITRI BAHINABAI CHAUDHARI NORTH MAHARASHTRA UNIVERSITY, JALGAON

Post Category : Isolated		No. of Post : 01 (ONE)				Adv. No. ___/2019; dated ___/07/2019							
Particulars of applicant for the Post of _____													
Name & Correspondence Address of the Applicant with Contact No. & E-mail ID	Date of Birth	Academic Qualifications				Experience (Years/Months/Days)					No. of executed major Research/Consultancy/Industrial Projects	Evidence regarding knowledge in the field of Intellectual Property Rights	Publications
		Degree Awarded	Year of Passing	Percent age/CGP A	Div./Grade	Teaching	Research/Industrial/Professional/Entrepreneurial	Administrative	Establishment of an Enterprise / Industry	Establishing Collaborations/Linkages at National/International level			
1	2	3	4	5	6	7	8	9	10	11	12	13	14
	AGE As on XX, 2019												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 Statutory Officer's Post of _____ may be cancelled without assigning any reason there for.

Date: _____ P

Place: _____

Signature of Applicant:

Name of Applicant: _____