



NAAC Accredited-2015  
'B' Grade (CGPA 2.62)

## SOLAPUR UNIVERSITY, SOLAPUR

### APPLICATION FORM FOR THE POST OF UNIVERSITY ENGINEER (On Lien Period)

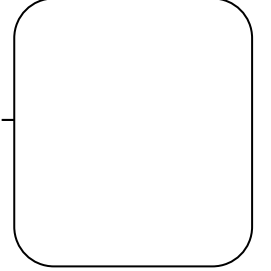
Advt. No. SUS/Estt/2018/13

Dated –24/12/2018

D.D. to be enclosed for Open Category Rs.500 and Reserved Category Rs.300

D.D. No. \_\_\_\_\_ dated \_\_\_\_\_

Name of the Bank and Branch : \_\_\_\_\_



To,

**The Ag. Registrar,**

Solapur University,

Kegaon, Solapur - 413 255.

### Sub. : Application for the post of University Engineer (On Lien Period)

Sir,

I hereby submit my application for the post mentioned above with the following details: *(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 <b>28/01/ 2019</b>		
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				

**3. Address**

Address for Correspondence	Permanent Address

**4. Communication Details**

E-mail ID	
Phone No.	
Mobile No.	

**5. Educational Qualifications** (Matriculation onward)

Name of Exam. /Degree	University /Institution /Board	Year of Passing	Percentage of Marks	Division/ Class/ CGPA	Enclosure No.

*(Please use an additional sheet, if required, retaining the above tabular format)*

**6. Present Position**

Designation	University/ Institution	From Date	Basic Pay	Pay Scale/ Pay Band	Gross Pay/ Total Salary p.m.	Enclosure No.

Total Experience : [ \_\_\_\_ Y (Years)] [ \_\_\_\_ M (Months)] [ \_\_\_\_ D (Days)]

**Special contribution, if any :**

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

**11. Administrative Experience**

**Enclosure No.**

Post Held	Basic Pay & Pay Band with A.G.P.	Field / Area	Period		Administrative Experience		
			From	To	Y	M	D

Total Administrative Experience : [ \_\_\_ Y (Years)] [ \_\_\_ M (Months)] [ \_\_\_ D (Days)]

**Special contribution, if any :**

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

12. Experience of establishment of an Enterprise/Industry if any	Enclosure No.
<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	
<p><i>(Enclose additional sheet, if required in the same format)</i></p>	

16. Academic Distinctions (Award/Scholarship/Rank, etc.) :		Enclosure No.
(i)		
(ii)		
(iii)		
(iv)		
(v)		
(vi)		

18. Competence in Computer Applications :	Enclosure No.
<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	

<b>19. Additional Information, if any :</b> <i>(Use separate sheet, if necessary)</i>	<b>Enclosure No.</b>
<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	

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

<b>21. Total No. of Enclosures attached : _____</b>
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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: \_\_\_\_\_

\_\_\_\_\_  
(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 28<sup>th</sup> 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 28<sup>th</sup> 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 A g . Registrar,  
Solapur University,  
Solapur – Pune National Highway,  
Kegaon, Solapur-413255**

The applicant Dr./Shri/Mrs./Ms. \_\_\_\_\_ ,  
who has submitted this application for the post of \_\_\_\_\_  
\_\_\_\_\_ in the Solapur University, Solapur has  
been working in \_\_\_\_\_ on the post  
of \_\_\_\_\_ in a 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 Solapur University, Solapur.

\_\_\_\_\_  
*Signature of the forwarding authority*

Name : \_\_\_\_\_

Designation : \_\_\_\_\_

Place : : \_\_\_\_\_

Date : \_\_\_\_\_ Office Seal

