

# SOLAPUR UNIVERSITY, SOLAPUR

## APPLICATION FORM FOR THE POST OF FINANCE AND ACCOUNTS OFFICER

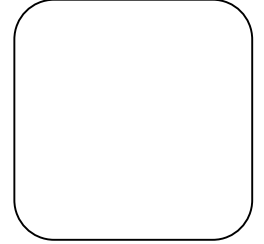
Advt. No. SUS/Estt/2019/03

Dated – 04/02/2019

D.D. to be enclosed for Open Category Rs.500/- and Reserved Category Rs.250/-

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

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



To,  
The Ag. Registrar,  
Solapur University,  
Kegaon, Solapur - 413 255.

**Subject: Application for the post of Finance and Accounts Officer.**

1.

Name in full Shri/Smt./Kum. (in BLOCK letters)	Surname																		
	First Name																		
	Middle name																		

2.

Current postal address (in BLOCK letters)																			
Email ID																			
Mobile No.																			
Tel. No.																			

3.

Date of Birth													
Age			Years					Months				Days	
Nationality													
Male/ Female													
Married / Unmarried													

4.

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

5. Educational Qualifications

Educational Qualifications					
Examination	University/ Board	Month and Year of Passing	Subject	Percentage of Marks obtained	Class/ Division
S.S.C.					
H.S.C.					
Graduate					
Post- Graduate					
Professional Qualifications					
Doctor's Degree					
Any other qualification					

6. Professional Administrative Experience.

Sr. No.	Institution/ Organization	Position Held	Period		Pay Scale & AGP/GP	Nature of Appointment	Reason for leaving services (if any)
			From	To			
1)							
2)							
3)							
4)							
5)							
6)							

7. Other Qualifications and experience, if any.

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8. List the Membership of various National / International Academic/ Non-Academic bodies

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9. Patents, if any

10. (a) Present position : \_\_\_\_\_

(b) Name of Institution/ Organization where employed : \_\_\_\_\_

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(c) Salary :

Basic Pay Rs. \_\_\_\_\_ in the pay-scale (pay band) of Rs. \_\_\_\_\_

AGP/GP Rs. \_\_\_\_\_

D.A. Rs. \_\_\_\_\_ H.R.A. Rs. \_\_\_\_\_ C.L.A. Rs. \_\_\_\_\_

Other Rs. \_\_\_\_\_ Allowances, if any \_\_\_\_\_ Total Rs. \_\_\_\_\_

(d) Date of appointment: \_\_\_\_\_

(e) Date of next increment: \_\_\_\_\_

(f) Attach Last Pay Certificate, if any

12. Names of persons who have given testimonials.

1) \_\_\_\_\_

2) \_\_\_\_\_

13. Names and addresses of not more than three persons to whom references may be made

1) \_\_\_\_\_

\_\_\_\_\_

2) \_\_\_\_\_

\_\_\_\_\_

3) \_\_\_\_\_

\_\_\_\_\_

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 :**

**Signature of Candidate**

**Date :**

**CERTIFICATE**

1. The above information furnished by me is correct.
2. I am neither convicted nor any criminal case, departmental enquiry or disciplinary action is pending against me.
3. In case any false information is detected, I understand that my application is liable to be rejected or the appointment made would stand terminated.

I certify that the foregoing information is correct and complete to the best of my knowledge and belief and nothing has been concealed / distorted. If at any time I am found to have concealed / distorted any material information my appointment shall be liable to be summarily terminated without notice / compensation.

**Place :**

**Date :**

**(Signature of the Candidate)**

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*NOTE : Incomplete Application will be rejected immediately and no correspondence will be entertained on this behalf.*

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**If employed, the application should be forwarded through proper channel.**

Recommendation of forwarding authority \_\_\_\_\_

\_\_\_\_\_

Place : .....

Date : .....

Name & Signature

Seal of the Department / Institute

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( Government of Maharashtra, Gazette, March, 28, 2005 )

**Declaration**

Form-A

(See Rule-4)

I, Shri/Smt./Kum. \_\_\_\_\_ Son/daughter/wife

of Shri \_\_\_\_\_ Age \_\_\_\_\_

years, resident of \_\_\_\_\_

\_\_\_\_\_ 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 no.

of children born after 28th March, 2005 is \_\_\_\_\_ .

(Mention dates of birth, if any)

3. 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 of the Candidate)**

## INSTRUCTIONS TO CANDIDATES

1. Candidates who are already employed shall send their applications **through proper channel**.
2. Candidates should send their applications with **attested copies** of the degree or diploma certificates and statements of marks and other certificates in support of their educational qualifications and experience; and of the Matriculation or equivalent certificates in support of their age.
3. Candidates should also attach copies of the following documents with their applications:-
  - (a) Caste certificate from the competent authority if the candidate belongs to Scheduled Caste/Scheduled Tribe/Denotified Tribe/Nomadic Tribe.
  - (b) Certificate from the employer stating the pay and allowances drawn at present.
  - (c) Testimonials.
4. If the space provided is insufficient, information may be given on a separate sheet duly signed by the candidates and the same may be sent with the applications.
5. The application should be sent in **ten copies** together with all enclosures.
6. Applications should be sent to the Ag. Registrar, Solapur University, Kegaon, Solapur -413 255, so as to reach him on or before the last date prescribed.
7. Any change in address given in column 2 of the application form should at once be communicated to the Ag. Registrar, Solapur University, Kegaon, Solapur -413 255.
8. Incomplete applications will not be considered.
9. Candidates are advised to satisfy themselves before applying that they possess prescribed qualifications and it is for the candidates themselves to ensure that they possess the prescribed qualifications. No inquiry asking for advice as to eligibility will be entertained.
10. Candidate called for interview will have to be present himself / herself at his /her own expenses.
11. Canvassing direct or indirect, will be treated a disqualification.

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### Check list for the candidates (to be attached to the application)

Please [v ] wherever applicable

- 1) Application duly completed: Yes/No
- 2) Self attested photograph affixed on the application: Yes/No
- 3) Application signed : Yes/No
- 4) An attested copy of each of the following certificate is attached.
  - a) Date of Birth/Age Certificate
  - b) Caste Certificate and Caste validity certificate
  - c) Physically handicapped certificate, if applicable
  - d) Small family declaration certificate
  - e) Educational qualification documents
  - f) Experience certificate.
  - g) Any other certificate.