



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

SOLAPUR UNIVERSITY, SOLAPUR APPLICATION FORM FOR THE POST OF DIRECTOR

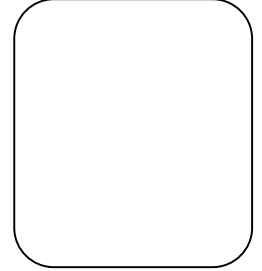
Advt. No. SUS/Estt/2019/04

Dated – 04/02/2019

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

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 Director, Innovation, Incubation and Linkages.

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 08/03/ 2019		
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)					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	Date : [-----/-----/-----]	
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Title of Thesis/Dissertation <i>(If Published, give details on a separate sheet)</i>		
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/ College	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)

8. Experience in Research Establishment / Institutions of Higher Learning / Industries / Professional								Enclosure No.
Post Held	Basic Pay & Pay Band with A.G.P.	University/ Institution/ College	Period		Experience			
			From	To	Y	M	D	
Total Experience : [____ Y (Years)] [____ M (Months)] [____ D (Days)]								
<u>Special contribution, if any :</u>								
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.....								
<i>(Enclose additional sheet, if required, in the same format)</i>								

9. Research Experience :		Enclosure No.
Number of Ph.D. Degrees Awarded under Supervision :	[]	
Number of Ph.D. Thesis Submitted under Supervision :	[]	
Number of Ph.D. Students Registered under Supervision :	[]	
Total Research Experience :	[____ Y (Years)] [____ M (Months)] [____ D (Days)]	

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/ College	Period		Administrative Experience			
			From	To	Y	M	D	
Total Administrative Experience : [___ Y (Years)] [___ M (Months)] [___ D (Days)]								
<u>Special contribution, if any :</u>								
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(Enclose additional sheet, if required, in the same format)								

14. Details about executed major Research / Consultancy / Industrial projects									Enclosure No.
Sr. No.	Title of the Project	Name of Agency	Period	Type of Project (Research/ Consultancy/ Industrial)	Whether Collaborative or Joint	Linkage at (National/ International University or Institution or Industry)	Grant/ Amount Mobilized (Rs. In Lakhs)	Whether Policy Document /Patent as outcome	

15. Evidence regarding knowledge in the field of Intellectual Property Rights	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><i>(Enclose additional sheet, if required in the same format)</i></p>	

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)		

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.
<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>		

19. 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>	

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 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 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 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

