



**Punyashlok Ahilyadevi Holkar
Solapur University, Solapur**
ADVT. NO. PAHSUS/Estt./2026/287, DATE 26/02/2026



**APPLICATION FOR THE POST OF
DIRECTOR, INNOVATION, INCUBATION AND LINKAGES**

N.B.: Please fill in the application by typing

Please paste
recent
photograph

To,
The Registrar,
Punyashlok Ahilyadevi Holkar Solapur University,
Kegaon, Solapur - 413 255.

Name of the Post applied for	:-	
Advt. No. and Date	:-	

Application Fee (Non-Refundable)					
RTGS/NEFT	Date	Transaction ID	Amount (Rs.)	Name of Bank	Branch Name

(Please read the Note, Instructions, Terms and Conditions before filling the form)

1. Personal Details(In Capital Letters)					Enclosure No.
Full Name (Surname First)					
Date of Birth (dd/mm/yy)		Age (In Years) as on 20/03/2026	Year	Months	Days
Gender (Male/Female/other)		Marital Status			
Nationality		Religion			
Category With Caste (SC/ST/NJ-A/NT-B/C/D)/OBC/EWS/OPEN)					
	Attested copy of caste validity certificate enclosed : Yes ___No___				
	Attested copy of Non-creamy layer certificate enclosed* : Yes ___No___ (*) Non-creamy layer certificate is not required for SC/ST candidates.				
Particulars of Physical Disability, if Applicable :					

2. Address	
Correspondence Address	Permanent Address
<hr/>	<hr/>
Pin Code : _____	Pin Code : _____

3. Communication Details (Should not change during process)		
E-mail ID		
Phone. No.	(R)	(O)
Mobile No.		

4. Educational Qualifications (Matriculation onward)						
(Attach attested true copies of all certificates/mark sheets)						
Name of Exam/Degree	Name of Board/University	Year of Passing	% of Marks obtained	Class/ Division/ CGPA	Subjects (specialization)	Enclosure No.
(Please use an additional sheet, if required, retaining the above tabular format)						

5. Teaching Experience as an Approved Full-Time Teacher (UG & PG)									
Designation	University/ Institution	Nature of appointment	Period		Teaching Experience			Pay matrix Level & Basic pay /pay band	Enclosure No.
			From	To	Y	M	D		
Period of teaching experience P.G.classes (in year) -----U.G.classes (in year)-----									
[Attach attested true copies of Appointment Orders & University Approval and last pay certificate]									

[Enclose additional sheet, if required, in the same format]

[P.T.O.]

6. Experience in Research/Industrial Establishment/Institutions of Higher Education/Industries/Professional

Designation	Pay matrix Level & Basic pay/pay band	University/ Institution	Period		Experience in Research Institute			Enclosure No.
			From	To	Y	M	D	

[Attach attested true copies of Appointment Order & University/other Approval]

[Enclose additional sheet, if required, in the same format]

7. Administrative Experience

Designation	University/ Institution	Nature of Appointment	Period		Total Experience			Pay matrix Level & Basic pay/pay band	Enclosure No.
			From	To	Y	M	D		

8. Professional Training

Year	Nature of Training	Duration	Organization where training was provided	Enclosure No.

9. a) Conferences / Seminars attended (National & International)

Year	Conferences / Seminars attended	Title of paper presented (if any)	Enclosure No.

9. b) Conferences / Seminars/workshops organized (National & International)			
Year	Conferences/Seminars/workshop organized	Details of organized Conferences/Seminars/workshop	Enclosure No.

10. Membership of Professional Bodies :		
Name of the Body	Statues of Membership : Life/Annual	Enclosure No.

11. Particulars of other activities, if any : (Except teaching & Research)	Enclosure No.
a) Extension work carried out :	
b) Co-curricular and extra-curricular activities carried out :	
c) Activities concerning corporate-like such as Hostel-wardenship, Guidance bureau, Gymkhana, NSS, NCC, etc.	

14. Statement of Objectives

- a. Please indicate as to why you wish to join Punyashlok Ahilyadevi Holkar Solapur University, Solapur.
- b. In your opinion, how do you meet the job requirements as advertised.
- c. A short paragraph about the research/teaching/development projects you would like to undertake and the courses that you would like to handle.

(Use a separate sheet if necessary)

15. Name and Postal Address of Two Referees

Referee 1	Referee 2
E-mail ID :-	E-mail ID :-
Mobile No. :-	Mobile No. :-

**16. Total No. of Enclosure Attached :- _____
(Attach the list of enclosures along with page numbers for convenience)**

Date :

Place :

(Signature of the Applicant)

Name : _____

[P.T.O.]

DECLARATION

I hereby declare that I have carefully read and understood the instructions and particulars supplied to me, and that all entries in this form as well as the attached sheets are true to the best of my knowledge and belief. I will be fully responsible if any information is found to be incorrect during the process of selection or even later on.

Date :

Place :

(Signature of Applicant)

Name : _____

- **Please provide the following information with application. Use a separate sheet for each sub-heading in the format indicated. All the annexure must bear your name.**

- A) Awards and Recognition
- B) Merit Scholarships, If Any
- C) Other Academic and Corporate Activities
- D) Administrative Experience, If Any

DECLARATION

Form 'A'
(See Rule – 04)

Shri./Smt. _____ Son/Doughter/Husband/
Wife of 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 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 the Children born after 28th March 2005, I am liable to be disqualified for the same post.

Place :

Date :

Signature of the Applicant

[P.T.O.]

NO OBJECTION CERTIFICATE

Certified that Shri/Smt. _____ is working as _____ in
the subject _____, in the Department of _____ w.e.f. _____

----- and will be relieved within the stipulated period.

It is further certified that the candidate has no pending Inquiries/Disciplinary action.

Place :

Date :

Seal

Signature&Designation of the employer



PUNYASHLOK AHILYADEVI HOLKAR SOLAPUR UNIVERSITY, SOLAPUR



Criteria for short-listing of Candidates for Interview for the post of Registrar/Director, Board of Examination & Evaluation/Finance & Accounts Officer / Director of Innovation, Incubation & Linkages.

Name of the Candidate: -----

Post Applied for: -----

Name of the Faculty : -----

Category: -----

1	2	3	4	5	6
Sr. No	Criteria	Registrar / Director, Board of Examination & Evaluation / Finance & Accounts Officer / Director of Innovation, Incubation & Linkages	Claimed Score	Verified Score by committee	Upload Documents
1	Educational Qualifications	50			
i)	50% marks shall be assigned, when candidate fulfils required minimum qualification.	25			
ii)	While remaining 50% marks shall be assigned for the additional qualification acquired by the candidate, which is relevant to the post.	25			
Assessment through Interview					
		Marks	Marks assigned by expert	Upload Documents	
1	Experience in Years Relevant to the Post	20			
i)	50% marks shall be assigned, when candidate fulfils required minimum experience.	10			
ii)	While remaining 50% marks shall be assigned for the additional experience in years over and above minimum years of approved experience approved to the university / parent body's which is relevant to the post.	10			

2	Domain Skills Relevant to the Post	10		
3	Research and IPR Experience	---		
4	Vision and Planning Relevant to the Post	10		
5	Assessment of Knowledge of University Act, Statutes, Ordinances, Regulations, Regulatory Bodies, Communication and Language Proficiency etc	10		
Total		100		

Note:

- *A merit list will be prepared based on the combined score (out of 100).
- * In case of Educational Qualification, 50% marks shall be assigned, when candidate fulfils required minimum qualification, while remaining 50% marks shall be assigned for the additional qualification acquired by the candidate, which is relevant to the post. Marks for the experience shall also be assigned on the similar line
- * Marks to the Domain Skills and Vision and Planning shall be based on the presentation made by the candidate at the time of Interview.
- * The University will decide the ratio of the candidates to be called for interview per vacant seats to be filled in for different cadres.
(Registrar / Director, Board of Examination & Evaluation / Finance & Accounts Officer / Director of Innovation, Incubation & Linkages)

Signature of the Candidate: -----

Office Use Only

The credentials are verified as per Government Resolution dt. 28/02/2025 & dt. 06/10/2025 the candidate is Eligible /

Not Eligible -----

Reason for Not Eligible Candidate : -----

(Name & Sign. -----) (Name & Sign. -----) (Name & Sign. -----)

Member,
Scrutiny Committee

Member,
Scrutiny Committee

Chairman,
Scrutiny Committee