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|  | **Punyashlok Ahilyadevi Holkar Solapur University, Solapur** |  |

**APPLICATION FORM FOR THE POST OF**

**DIRECTOR OF STUDENTS’ DEVELOPMENT**

(Read carefully the complete circular, instructions and application form before filling it)

**----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------**

Circular No. PAHSUS/Estt/2025/ Dated –

Paste Recent PASSPORT PHOTO (Do not staple)

To,

**The Registrar,**

Punyashlok Ahilyadevi Holkar Solapur University,

Kegaon, Solapur - 413 255.

**Sub. : Application for the Post of Director of Students’ Development.**

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| --- | --- |
| **1)** | Name in Full :------------------------------------------------------------------------------------------------------------------------------- |
|  | (Surname first) (in Capital Letters) |
| **2)** | Address for correspondence :--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------- |
| **3)** | Permanent Address :--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------- |
| **4)** | Contact Details :Phone No : (Residence) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Office) \_\_\_\_\_\_\_\_\_\_\_\_(Mob.)\_\_\_\_\_ \_\_\_\_\_\_\_\_\_FAX No : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail :\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **5)** | Nationality : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State of Domicile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| **6)**  | (a) Date of Birth : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(b) Present Age : Years : \_\_\_\_\_\_\_\_\_\_\_ Months : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Days : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Attach true copy of S.S.C Board Certificate Or Schools Leaving Certificate) |
| **7)** | Whether member of SC/ST/VJ/NT/SBC/OBC ? YES/NOIf yes, specify-CATEGORY : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CASTE : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Attach true copy of the Caste Certificate) |
| **8)** | Educational Qualifications: (Please attach mark Sheets/Degree Certificates in chronological order) |

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| **Exams/Degrees** | **Name of Exam.** | **University/****Board** | **Division** | **Attempts** | **Year of Passing** | **% of marks obtained** | **Major subjects offered (spec8ialization, if any)** | **Merit/Prizes/Medals conferred** |
| Ph.D. |  |  |  |  |  |  |  |  |
| M.Phil. |  |  |  |  |  |  |  |  |
| P.G. |  |  |  |  |  |  |  |  |
| U.G. |  |  |  |  |  |  |  |  |
| H.S.C |  |  |  |  |  |  |  |  |
| S.S.C |  |  |  |  |  |  |  |  |
| Others |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**9)** Particulars of Teaching Experience (Attach supporting documents)

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr. No.** | **Name of the Institution** | **Post-held with pay scale/pay band+ AGP** | **Teaching Experience** |
| From | TO |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |

**i)** Under-Graduate \_\_\_\_\_\_ Years  **ii)** Post Graduate \_\_\_\_\_ Years

**10)** Particulars of experience in respect of extra curricular and extension activates: -

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr. No.** | **Name of the Institution/College** | **Post-held** | **Nature of Activity** | **Experience** |
| From | TO |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
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(Attach supporting documents/proofs) (Attach separate sheet, if required)

**11)** Details of annual Confidential Reports of last 5 years :

|  |  |  |
| --- | --- | --- |
| **Sr.No.** | **Year** | **Remark/Gradation in C.R.** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |

 (Attach attested copies of relevant C.R.s.)

**12)** Any other information as the applicant desires to submit:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**DECLARATION**

 I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby declare that all the information given above is true to the best of my knowledge and belief. I am not aware of any circumstances which may impair my fitness for employment in Punyashlok Ahilyadevi Holkar Solapur University, Solapur, I have never been disqualified/debarred from appearing in any University Examination/University Work. I have never been dismissed from University/College/Government Service and no Departmental Enquiry is proposed/pending against me.

Place:

Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  **Signature of Applicant**

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**NO OBJECTION CERTIFICATE**

 Certified that Dr./Shri./Smt./Ku. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is Working on the post of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_w.e.f. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the pay scale/pay band of Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_with Ago Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ drawing the basic pay of Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ This Office has no objection if he/she is nominated for the post of **Director of Students development** in the Punyashlok Ahilyadevi Holkar Solapur University, Solapur and will be relieved within the stipulated period.

Place:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of employer /Competent Authority**

**With designation & Seal**