



**Punyashlok Ahilyadevi Holkar Solapur  
University, Solapur**

ADVT. NO. PAHSUS/ESTT/2024/182



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

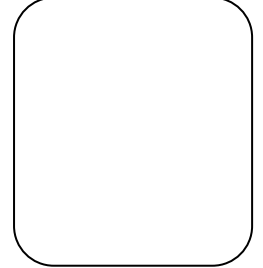
Advt. No. SUS/Estt/2024/182

Dated – 06/03/2024

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 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 <b>06/03/2024</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)					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)*

<b>Ph.D.</b> (Mark in Appropriate Box)	<b>Degree Awarded</b>	<b>Date : [-----/-----/-----]</b>	
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<b>Title of Thesis/Dissertation</b> <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)]								
<b><u>Special contribution, if any :</u></b>								
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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 :	[     ]	
<b>Total Research Experience :</b>	<b>[ ____ Y (Years)] [ ____ M (Months)] [ ____ D (Days)]</b>	

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
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
<b>NOTE : Give the details of Publications on separate sheet.</b>							

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)]								
<b><u>Special contribution, if any :</u></b>								
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(Enclose additional sheet, if required, in the same format)								

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

<b>13. Experience of establishing Collaborations / Linkages at National / International level</b>	<b>Enclosure No.</b>
<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>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	
<p>(Enclose additional sheet, if required in the same format)</p>	



<b>16. Academic Distinctions (Award/Scholarship/Rank, etc.) :</b> <i>(Enclose additional sheet, if required, in the same format)</i>		<b>Enclosure No.</b>
(i)		
(ii)		
(iii)		
(iv)		
(v)		
(vi)		
(vii)		

<b>17. Membership/Fellowship of learned Accredited Academic Bodies :</b> <i>(Enclose additional sheet, if required, in the same format)</i>		<b>Enclosure No.</b>
(i)		
(ii)		
(iii)		
(iv)		
(v)		
(vi)		

<b>18. Competence in Computer Applications :</b>		<b>Enclosure No.</b>
<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 Registrar,  
Punyashlok Ahilyadevi Holkar 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**

