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|  | **Punyashlok Ahilyadevi Holkar Solapur University, Solapur**ADVT. NO. PAHSUS/ESTT/2024/182 | **IMG-20190729-WA0024** |

**APPLICATION FORM FOR THE POST OF**

**DIRECTOR, INNOVATION, INCUBATION AND LINKAGES**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Advt. No. SUS/Estt/2024/182 Dated – 06/03/2024**

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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*)

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| **1. Application Fee** (Non-Refundable) |
| Demand Draft No. | Date | Amount (Rs.) | Name of the Bank | Branch Name |
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| **2. Personal Details** (In Capital Letters) | **Enclosure****No.** |
| Full Name(Surname First) |  |
| Date of Birth(DD/MM/YY) |  | Age (In Years) as on**06/03/2024** |  |  |
| Gender(Male/Female) |  | Marital Status |  |
| Nationality |  | Religion |  |
| Category with Caste (SC/ST/VJ-A/NT(B/C/D)/ OBC/OPEN/PH, etc.) |  |  |
| Particulars of PhysicalDisability, if Applicable |  |  |

 Page **1** of **11**

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| **3. Address** |
| **Address for Correspondence** | **Permanent Address** |
| Pin Code : | Pin Code : |

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| **4. Communication Details** |
| E-mail ID |  |
| Phone No. |  |
| Mobile No. |  |

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| **5. Educational Qualifications** (Matriculation onward) | **Enclosure****No.** |
| **Name of****Exam.****/Degree** | **University****/Institution****/Board** | **Year****of****Passing** | **Percentage****of****Marks** | **Division/****Class/ CGPA** |
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| (*Please use an additional sheet, if required, retaining the above tabular format*) |
| **Ph.D.** (Mark inAppropriate Box) | **Degree Awarded**  | **Date : [------/--------/---------]** |  |
| **Title of Thesis/Dissertation** *(If Published, give details on a separate sheet)* |
| Ph.D. |  |  |
| M. Phil. |  |  |
| P.G. |  |  |
| Particulars ofNET/SET/ SLET/GATEor EquivalentExam. |  |  |  |

Page **2** of **11**

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| **6. Present Position** | **Enclosure****No.** |
| **Designation** | **University/ Institution** | **From****Date** | **Basic****Pay** | **Pay Scale/ Pay Band** | **Gross Pay/****Total Salary p.m.** |
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| **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** |
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| Total Teaching Experience **: [ Y (Years)] [ M (Months)] [ D (Days)]** |
| **Special contribution, if any :**……………………………………………………………………………………………………………………………………………………………………………………………………………….……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….………………………………………………………(*Enclose additional sheet, if required, in the same format*) |

Page **3** of **11**

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| **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** |
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| Total Experience **: [ Y (Years)] [ M (Months)] [ D (Days)]** |
| **Special contribution, if any :**……………………………………………………………………………………………………………………………………………………………………………………………………………….……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….………………………………………………………(*Enclose additional sheet, if required, in the same format*) |

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| **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)]** |

Page **4** of **11**

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| **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** |
| InternationalJournals | NationalJournals | International Conferences/ Seminars/ Symposium | NationalConferences/Seminars/ Symposium | InternationalJournals | NationalJournals | International Conferences/ Seminars/ Symposium | National Conferences/ Seminars/ Symposium |
| **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** | **[ ]** |
| **NOTE : *Give the details of Publications on separate sheet*.** |

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| **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** |
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| Total Administrative Experience **: [ Y (Years)] [ M (Months)] [ D (Days)]** |
| **Special contribution, if any :**……………………………………………………………………………………………………………………………………………………………………………………………………………….……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….………………………………………………………(*Enclose additional sheet, if required, in the same format*) |

Page **5** of **11**

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| **12. Experience of establishment of an Enterprise/Industry if any** | **Enclosure****No.** |
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| **13. Experience of establishing Collaborations / Linkages at National / International level** | **Enclosure****No.** |
| ………………………………………………………………………………………………………………………………………………………………………….………………………………………………………………………………………………………………………………………………………………………………………………………………………………….………………………………………………………………………………………………………………………………………………………………………………………………………………………………….………………………………………………………………………………………………………………………………………………………………………………………………………………………………….………………………………………………………………………………………………………………………………………………………………………………………………………………………………….………………………………………………………………………………………………………………………………………………………………………………………………………………………………….………………………………………………………………………………………………………………………………………………………………………………………………………………………………….………………………………………………………………………………………………………………………………………………………………………………………………………………………………….………………………………………………………………………………………………………………………………………………………………………………………………………………………………….………………………………………………………………………………………………………………………………………………………………………………………………………………………………….………………………………………………………(*Enclose additional sheet, if required in the same format*) |
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Page **6** of **11**

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| **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** |
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| **15. Evidence regarding knowledge in the field of Intellectual Property****Rights** | **Enclosure****No.** |
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Page **7** of **11**

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| **16. Academic Distinctions** (Award/Scholarship/Rank, etc.) **:***(Enclose additional sheet, if required, in the same format)* | **Enclosure****No.** |
| (i) |  |  |
| (ii) |  |  |
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| **17. Membership/Fellowship of learned Accredited Academic Bodies :***(Enclose additional sheet, if required, in the same format)* | **Enclosure****No.** |
| (i) |  |  |
| (ii) |  |  |
| (iii) |  |  |
| (iv) |  |  |
| (v) |  |  |
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| **18. Competence in Computer Applications :** | **Enclosure****No.** |
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Page **8** of **11**

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| **19. Additional Information, if any :***(Use separate sheet, if necessary)* | **Enclosure****No.** |
| …………………………………………………………………………………………………………..……………………………………………………………………………………………………………………………..…………………………………………………………………………………………………………..……………………………………………………………………………………………………………………………..…………………………………………………………………………………………………………..……………………………………………………………………………………………………………………………..…………………………………………………………………………………………………………..……………………………………………………………………………………………………………………………..…………………………………………………………………………………………………………..……………………………………………………………………………………………………………………………..…………………………………………………………………………………………………………..……………………………………………………………………………………………………………………………..…………………………………………………………………………………………………………..……………………………………………………………………………………………………………………………..…………………………………………………………………………………………………………..…………………………………………………………………………………………………………………………….. |  |

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| **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)**

Page **9** of **11**

**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)**

Page **10** of **11**

**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**