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|  | **Punyashlok Ahilyadevi Holkar Solapur University, Solapur**  [ADVT. NO. PAHSUS/Estab./2024/225, DATE 25/09/2024] | **IMG-20190729-WA0024** |

**APPLICATION FOR THE POST OF**

**DIRECTOR, INNOVATION, INCUBATION AND LINKAGES**

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| Please paste  recent  photograph |

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

To,

**The Registrar,**

Punyashlok Ahilyadevi Holkar Solapur University,

Kegaon, Solapur - 413 255.

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

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| **Application Fee** *(Non-Refundable)* | | | | | |
| RTGS/NEFT | Date | Transaction ID | Amount (Rs.) | Name of Bank | Branch Name |
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***(Please read the Note, Instructions, Terms and Conditions before filling the form)***

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| **1. Personal Details** *(In Capital Letters)* | | | | | Enclosure No. |
| Full Name  *(Surname First)* |  | | | | |
| Date of Birth  *(dd/mm/yy)* |  | Age (In Years) as on 25/09/2024 | Year | Months | Days |
|  |  |  |
| Gender  *(Male/Female/other)* |  | Marital Status |  | | |
| Nationality |  | Religion |  | | |
| Category With Caste  *(SC/ST/VJ-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 : | | | | |  |

**[P.T.O.]**

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| **2. Address** | |
| Correspondence Address  Pin Code : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Permanent Address  Pin Code : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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

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| **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. |
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| *(Please use an additional sheet, if required, retaining the above tabular format)* | | | | | | |

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| **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 |
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| 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]* | | | | | | | | | |

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| **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 |
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| *[Attach attested true copies of Appointment Order & University/other Approval]* | | | | | | | | |
| *[Enclose additional sheet, if required, in the same format]* | | | | | | | | |

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| **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 |
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| **8. Professional Training** | | | | |
| Year | Nature of Training | Duration | Organization where training was provided | Enclosure No. |
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| **9. a) Conferences / Seminars attended (National & International)** | | | |
| Year | Conferences / Seminars attended | Title of paper presented (if any) | Enclosure No. |
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| **9. b) Conferences / Seminars/workshops organized (National & International)** | | | |
| Year | Conferences/Seminars/workshop organized | Details of organized Conferences/Seminars/workshop | Enclosure No. |
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| **10. Membership of Professional Bodies :** | | |
| Name of the Body | Statues of Membership :  Life/Annual | Enclosure No. |
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| **11. Particulars of other activities, if any : (Except teaching & Research)** | Enclosure  No. |
| a) Extension work carried out : |  |
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| b) Co-curricular and extra-curricular activities carried out : |  |
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| c) Activities concerning corporate-like such as Hostel-wardenship, Guidance bureau,   Gymkhana, NSS, NCC, etc. |  |
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| **12. Details about executed major Research / Consultancy / Industrial projects** | | | | | | | | |
| **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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| **13. Evidence regarding knowledge in the field of Intellectual Property**  **Rights** |
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| **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)** |

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| **15. Name and Postal Address of Two Referees** | |
| Referee 1 | Referee 2 |
|  |  |
| E-mail ID :- | E-mail ID :- |
| Mobile No. :- | Mobile No. :- |

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| **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.]**

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| **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

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| **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.]**

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| **NO OBJECTION CERTIFICATE**  Certified that Shri/Smt.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is working as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the subject \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, in the Department of \_\_\_\_\_\_\_\_w.e.f. \_\_\_\_\_\_\_ in the pay scale / pay band of Rs. with Academic Grade Pay of Rs.\_\_\_\_\_\_\_\_\_\_(Pay in Pay Band + A.G.P./G.P). This office has no objection if he/she is selected for the post of in the ------------------------------------------------ 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 |

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