

Advt. No. PAHSUS/Estt/2024/182

Punyashlok Ahilyadevi Holkar Solapur University, Solapur ADVT. NO. PAHSUS/ESTT/2024/182



Dated. 06/03/2024

APPLICATION FORM FOR THE POST OF **DIRECTOR OF SPORTS AND PHYSICAL EDUCATION**

D.D. to be enclosed for D.D. NoName of the Bank and E	dated			Rese	erved Category Rs.300		
To, The Registrar, Punyashlok Ahilyadevi F Kegaon, Solapur - 413 2		Solapu	r University,				
Sir, I hereby subm	it my a	applic	ation for the	pos	t mentioned above	with the	following
(Please read the general 1. Application Fee			•	COI	iditions before miling	Ture rom	(1)
Demand Draft No.	Da		Amount (R	s.)	Name of the Bank	Bran	ich Name
2. Personal Detail	s (In C	apital L	etters)				Enclosure No.
Full Name (Surname First)							
Date of Birth (DD/MM/YY)				1	ge (In Years) as on 6/03/ 2024		
Gender (Male/Female)				М	arital Status		
Nationality				R	eligion		
Category with Caste (SC/ST/VJ-A/NT(B/C/OBC/OPEN/PH, etc.)							
Particulars of Physi Disability, if Applica							

Address for Correspondence					Permanent Address					
4. Communic	ation D)etails								
E-mail ID										
Phone No.										
Mobile No.										
E Educations	al Ouali	ifications (Matricula	ation on	ward'			Enclosure			
Name of Exam. /Degree	Exam.		Yea of Passi	r Percentage of		Division/ Class/ CGPA	No.			
(Please use an a	dditiona	al sheet, if required,	, retainii	ng th	e above tabula	ar format)				
Ph.D. (Mark in Appropriate Box)		egree Awarded		Da						
Title of Thesis	s/Diss	ertation (If Publish	ed, give	e det	ails on a separ	ate sheet)	•			
Ph.D.										
M. Phil.										
P.G.										
Particulars of NET/SET/										
SLET/GATE or Equivalent Exam.										

3. Address

6. Present	Position								Enclosure No.
Designation	University/ Institution	From Date	Basic Pay				Gross Pay/ otal Salary p.m.		
7. Teaching	g Experience	as an a	approved	d full-tii	ne teach	er			Enclosure No.
Post Held	Basic Pay &	_	University/		Period		Teachii xperier		
	Pay Band wit A.G.P.		titution/ college	From	То	Y	M		
		_							
Total Teachir	ng Experience	 ∍:[<u>-</u> -	Y (Ye	ars)] [_	M (Month	s)] [_	D (Days)]
	tribution, if								
(Enclose additional sheet, if required, in the same format)									

Number of Ph.D. Thesis Submitted under Supervision : []													
Number of Ph.D. Students Registered under Supervision : []													
Total Rese	earch Ex	perience	:	[Y	(Yea	ars)]	[М	(Mon	ths)]	[<u> </u>) (D	ays)]
9. Publica	ations :												Enclosure No.
Number of	Books F	Published	l :	[] 0	[] Own [] Joint Authorsh				nip				
Number of	Books E	dited :		[] 0/	wn	[] J	oin	t Authorship				
Number of	Papers I	Published	d :	[] 0/] Own [] Joint Authorship								
	C)wn				'		Jo	oint .	Autho	rship)	
International Journals	National Journals			National Conferences /Seminars/ Symposium				ional International rnals Conferences/ Seminars/ Symposium		S	National onferences/Seminars/ymposium		
[]	[]	[]	[]		[]	[]	[]		[]
	NOTE :	Give the	e de	etails of H	Pub	lica	tions	on	sep	arate	sheet	! _	
10. Admi	nietrativ	e Evneri	onc	0									Enclosure
Post Held	Basic	Pay &	Ur	niversity/ stitution/		Pe	riod		A	dminis Experi		е	No.
	1	G.P.		College	Fr	om	T	0	Y	М		D	
Total Admi	inistrative	e Experi	ence	e:[\	(Y	ears	5)] [_		M (M	onths)] [_	_ D	(Days)]

8. Research Experience :

Number of Ph.D. Degrees Awarded under Supervision:

Enclosure

[

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Special contribution, if any:	
(Enclose additional sheet, if required, in the same format)	

11.	Academic Distinctions (Award/Scholarship/Rank, etc.):	Enclosure No.
	(Enclose additional sheet, if required, in the same format)	NO.
(i)		
/::\		
(ii)		
(iii)		
(iv)		
(v)		
(vi)		
(vii)		
12.	Membership/Fellowship of learned Accredited Academic Bodies :	Enclosure
12.	(Enclose additional sheet, if required, in the same format)	No.
(i)		
(ii)		
(iii)		
. ,		
(iv)		
(v)		
(')		
(vi)		
13.	Competence in Computer Applications :	Enclosure No.
		140.

14. Additional Information, (Use separate sheet, if necess	if any : sary)	Enclosure No.
15. Name and Postal Address	ss of Two Referees :	
Referee 1	Referee 2	
E-mail ID :	E-mail ID :	
Mobile No. :	Mobile No. :	
	I	
16. Total No. of Enclosures	attached:	
DATE :		
		_
PLACE:	(Signature of Applicant)

DECLARATION - I

accompaniments is true, companiments is true, companiments is true, complete, or incomplete, or incomplete, or incomplete.	mation submitted in this application and in its plete and correct to the best of my of that in the event of any information being correct, my candidature/appointment for is liable to be cancelled/
	cognizance shall be taken of any request on. I have read carefully all instructions given Datedon the
	any criminal case, departmental enquiry or gainst me.
DATE: PLACE:	(Signature of Applicant)
DECI	LARATION – II aharashtra, Gazette, March, 28, 2005)
	,Son / Daughter / Husband/Wife of
Dr./Shriaged_	years resident at do hereby declare as
follows :-	
That I have filled my application	for the post of
	children as on today, out of which number of , 2005 is/are
children born after 28th March, (Mention dates of Birth, if any 3. I am aware that if total numbe	children as on today, out of which number of , 2005 is/are
children born after 28th March, (Mention dates of Birth, if any 3. I am aware that if total numbe children born after 28th March	children as on today, out of which number of , 2005 is/arey.)

DECLARATION - III

ENDORSEMENT BY THE EMPLOYER

(For in-service candidates only)

To be signed and forwarded by the present employer

Forwarded to:

Daate:

The Registrar,
Punyashlok Ahilyadevi Holkar Solapur University,
Solapur – Pune National Highway,
Kegaon, Solapur-413255

1.	The applicant Dr./Shri/Mrs./Ms
2.	Further, it is certified that no disciplinary/vigilance case has ever been held or contemplated or is pending against the said applicant.
3.	There is no objection for his/her application being considered by the Solapur University, Solapur.
<u>Si</u>	gnature of the Forwarding Authority
De	ame : esignation : oce: OFFICIAL SEAL