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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 OF SPORTS AND PHYSICAL EDUCATION**

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

**Advt. No. PAHSUS/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.300

D.D. No. \_\_\_\_\_\_\_\_\_\_\_\_ dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the Bank and Branch : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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To,

**The Registrar,**

Punyashlok Ahilyadevi Holkar Solapur University,

Kegaon, Solapur - 413 255.

**Sub. : Application for the Post of Director of Sports and Physical Education**

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 |  |  |

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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. |  |  |  |

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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*) |

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| **8. 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)]** |

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| **9. 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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| **10. 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)]** |

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

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| **11. Academic Distinctions** (Award/Scholarship/Rank, etc.) **:***(Enclose additional sheet, if required, in the same format)* | **Enclosure****No.** |
| (i) |  |  |
| (ii) |  |  |
| (iii) |  |  |
| (iv) |  |  |
| (v) |  |  |
| (vi) |  |  |
| (vii) |  |  |

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| **12. 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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| **13. Competence in Computer Applications :** | **Enclosure****No.** |
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| **14. Additional Information, if any :***(Use separate sheet, if necessary)* | **Enclosure****No.** |
| …………………………………………………………………………………………………………..……………………………………………………………………………………………………………………………..…………………………………………………………………………………………………………..……………………………………………………………………………………………………………………………..…………………………………………………………………………………………………………..……………………………………………………………………………………………………………………………..…………………………………………………………………………………………………………..……………………………………………………………………………………………………………………………..…………………………………………………………………………………………………………..……………………………………………………………………………………………………………………………..…………………………………………………………………………………………………………..……………………………………………………………………………………………………………………………..…………………………………………………………………………………………………………..……………………………………………………………………………………………………………………………..…………………………………………………………………………………………………………..…………………………………………………………………………………………………………………………….. |  |

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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. : |

**16. Total No. of Enclosures attached :**

**DATE : \_\_\_\_\_\_\_\_\_\_\_\_\_** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLACE: \_\_\_\_\_\_\_\_\_\_\_\_\_** **(Signature of Applicant)**

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**DECLARATION - I**

1. 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.
2. 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.
3. I am neither convicted nor any criminal case, departmental enquiry or disciplinary action is pending against me.

 DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_

 PLACE: \_\_\_\_\_\_\_\_\_\_\_\_\_ **(Signature of Applicant)**

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**DECLARATION – II**

( Government of Maharashtra, Gazette, March, 28, 2005 )

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: \_\_\_\_\_\_\_\_\_\_\_\_\_ **(Signature of Applicant)**

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**DECLARATION – III**

**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**

1. The applicant Dr./Shri/Mrs./Ms. , who has submitted this application for the post of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the Punyshlok Ahilyadevi Holkar 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. Bsic as on July 2022
is His/her next increment is due on .
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.

**Signature of the Forwarding Authority**

Name :

Designation :

Place: **OFFICIAL SEAL**

Daate :