

3. Communication Details

Email ID																
Mobile No.																
Tel. No.																

4. Category

Caste Category	S.C.	S.T.	D.T.(A)	N.T.			S.B.C.	O.B.C.	OPEN
				B	C	D			

5. Educational Qualifications

Examination	University/ Board	Month and Year of Passing	Subject	Percentage of Marks obtained	Class/ Division
S.S.C.					
H.S.C.					
Graduate					
Post- Graduate					
Doctor's Degree					
Any other qualification					

6. Teaching/Technical/Professional Administrative Experience.

Sr. No.	Institution/ Organization	Position Held	Period		Pay Scale & AGP/GP	Nature of Appointment	Reason for leaving services (if any)
			From	To			
1)							
2)							
3)							
4)							
5)							

7. Other Qualifications and experience, if any.

8. Present position :

(a) Designation : _____

(b) Name of Institution/ Organization where employed: _____

(c) Details of approval : 1. Date of approval _____ 2. Approving authority _____

(d) Salary :

Basic Pay Rs. _____ in the Pay Matrix of Rs. _____

Academic Level _____

(e) Date of appointment: _____

(f) Date of next increment: _____

(g) Attach certified last pay salary slip.

9. Names of persons who have given testimonials.

1) _____

2) _____

10. Names and addresses of not more than three persons to whom references may be made

1) _____

2) _____

3) _____

I hereby declare that all statements made by me and details mentioned in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false, incomplete or incorrect my candidature / appointment is liable to be cancelled / terminated with attract penal action against me.

Place :

Signature of Candidate

Date :

CERTIFICATE	
1. The above information furnished by me is correct. 2. I am neither convicted nor any criminal case, departmental enquiry or disciplinary action is pending against me. 3. In case any false information is detected, I understand that my application is liable to be rejected or the appointment made would stand terminated. I certify that the foregoing information is correct and complete to the best of my knowledge and belief and nothing has been concealed / distorted. If at any time I am found to have concealed / distorted any material information my appointment shall be liable to be summarily terminated without notice / compensation. Place : Date : (Signature of the Candidate)	

NOTE : Incomplete Application will be rejected immediately and no correspondence will be entertained on this behalf.

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 Univrsity,
Solapur Pune National Highway, Kegaon, Solapur – 413 255.

The applicant Dr./Shri/Mrs./Ms. -----

-----, who has submitted this application for the post
of -----, in the Punyashlok
Ahilyadevi Holkar Solapur Univrsity, Solapur, has been working in -----
-----, on
the post of ----- in a temporary / permanent
capacity with effect from----- in the Scale
of pay/pay Band of Rs.-----with Grade pay of Rs.-----
His / her next increment issue 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 Punyashlok
Ahilyadevi Holkar Solapur Univrsity, Solapur.

Signature of the forwarding authority

Name : -----

Designation : -----

Place :

Date :

OFFICE SEAL

Declaration

Form-A

(See Rule-4)

I, Shri/Smt./Kum. _____ Son/daughter/wife

of Shri _____ Age _____

years, resident of _____

_____ 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 children born after 28th March, 2005, I am liable to be disqualified for the same post.

Place :

Date :

(Signature of the Candidate)

Criteria for short-listing of Candidates for Interview for the post of Registrar.

Name of the Candidate: -----

Post Applied for: -----

Name of the Faculty : -----

Category: -----

1	2	3	4	5	6
Sr. No	Criteria	Registrar	Claimed Score	Verified Score by committee	Documents Page No.
1	Educational Qualifications	50			
i)	50% marks shall be assigned, when candidate fulfils required minimum qualification.	25			
ii)	While remaining 50% marks shall be assigned for the additional qualification acquired by the candidate, which is relevant to the post.	25			
Assessment through Interview					
		Marks	Marks assigned by expert		Upload Documents
1	Experience in Years Relevant to the Post	20			
i)	50% marks shall be assigned, when candidate fulfils required minimum experience.	10			
ii)	While remaining 50% marks shall be assigned for the additional experience in years over and above minimum years of approved experience approved to the university / parent body's which is relevant to the post.	10			

2	Domain Skills Relevant to the Post	10		
3	Research and IPR Experience	---		
4	Vision and Planning Relevant to the Post	10		
5	Assessment of Knowledge of University Act, Statutes, Ordinances, Regulations, Regulatory Bodies, Communication and Language Proficiency etc	10		
Total		100		

Note:

- * A merit list will be prepared based on the combined score (out of 100).
- * In case of Educational Qualification, 50% marks shall be assigned, when candidate fulfils required minimum qualification, while remaining 50% marks shall be assigned for the additional qualification acquired by the candidate, which is relevant to the post. Marks for the experience shall also be assigned on the similar line
- * Marks to the Domain Skills and Vision and Planning shall be based on the presentation made by the candidate at the time of Interview.
- * The University will decide the ratio of the candidates to be called for interview per vacant seats to be filled in for different cadres. (Registrar / Director, Board of Examination & Evaluation / Finance & Accounts Officer / Director of Innovation, Incubation & Linkages)

Signature of the Candidate: -----

Office Use Only

The credentials are verified as per Government Resolution dt. 06/10/2025 the candidate is Eligible /

Not Eligible -----

Reason for Not Eligible Candidate : -----

(Name & Sign. -----) (Name & Sign. -----) (Name & Sign. -----)

Member, Member, Chairman,
Scrutiny Committee Scrutiny Committee Scrutiny Committee

Check list for the candidates (to be attached to the application)

Please [v] wherever applicable

1) Application duly completed	: Yes/No	Page No.
2) Self attested photograph affixed on the application	: Yes/No	Page No.
3) Application signed	: Yes/No	Page No.
4) An attested copy of each of the following certificate is attached.		
a) Date of Birth/Age Certificate	: Yes/No	Page No.
b) Caste Certificate and Caste validity certificate	: Yes/No	Page No.
c) Physically handicapped certificate, if applicable	: Yes/No	Page No.
d) Small family declaration certificate	: Yes/No	Page No.
e) Educational qualification documents	: Yes/No	Page No.
f) Experience certificate.	: Yes/No	Page No.
g) Any other certificate.	: Yes/No	Page No.
5) Short listing Form.	: Yes/No	Page No.
6) Approval letter in case of teacher.	: Yes/No	Page No.
7) Application through proper Channel.	: Yes/No	Page No.
8) No Objection Certificate form present employee.	: Yes/No	Page No.
