

# Punyashlok Ahilyadevi Holkar Solapur University, Solapur



[ADVT. NO. PAHSUS/Estab./2024/225, DATE 25/09/2024]

#### <u>APPLICATION FOR THE POST OF</u> DIRECTOR, INNOVATION, INCUBATION AND LINKAGES

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

Please paste recent photograph

To,

#### The Registrar,

Punyashlok Ahilyadevi Holkar Solapur University, Kegaon, Solapur - 413 255.

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

Application Fee (Non-Refundable)							
RTGS/NEFT	Date	Transaction ID	Amount (Rs.)	Name of Bank	Branch Name		

#### (Please read the Note, Instructions, Terms and Conditions before filling the form)

1. Personal Details (In	Capital Letters	)	-		Enclosure No.
Full Name (Surname First)					110.
Date of Birth ( <i>dd/mm/yy</i> )		Age (In Years) as on 25/09/2024	Year	Months	Days
Gender (Male/Female/other)		Marital Status		1	
Nationality		Religion			
Category With Caste (SC/ST/VJ-A/NT- B/C/D)/OBC/EWS/OPEN)	Attested copy of	caste validity certificate e	nclosed : Yes	sNo	
	Attested copy YesNo SC/ST candidates				
Particulars of Physical	Disability, if Ap	plicable :			

2. Address	
Correspondence Address	Permanent Address
Pin Code :	Pin Code :

3. Communication Details (Should not change during process)						
E-mail ID						
Phone. No.	(R)	(0)				
Mobile No.						

	Qualifications (Matriculopies of all certificates/mark sh		rd)			
Name of Exam/Degree	Name of Board/University	Year of Passing	% of Marks obtained	Class/ Division/ CGPA	Subjects (specialization)	Enclosure No.
(Please	e use an additional she	et, if require	ed, retainii	ng the above	 e tabular format)	

5. Teaching E	xperience as a	n Approved	Full-Ti	me Tea	cher	(UG &	c PG)		
Designation	University/	Nature of	Per	iod	Teaching		Pay matrix	Enclosure	
_	Institution	appointme			E	xperier	nce	Level &	No.
		nt	Fro	То	Y	М	D	Basic pay	
			m					/pay band	
Period of teach	ning experience	P.G.classes (	in year)		U.	G.class	ses (in	year)	
[Attach atteste	[Attach attested true copies of Appointment Orders & University Approval and last pay certificate]								
	[Enclose	e additional sh	neet, if r	equired	, in th	e same	e form	at]	

[P.T.O.]

6. Experience i Professional	n Research/Indus	strial Establish	ment/Instit	utions of I	ligher	Educa	tion/In	dustries/
Designation	Pay matrix	University/	Per	riod	Ex	perienc	e in	Enclosur
	Level & Basic	Institution			Rese	arch In	stitute	e No.
	pay/pay band		From	То	Y	Μ	D	
[Atte	ich attested true co	pies of Appoint	nent Order	& Univers	ity/othe	r Appr	oval]	
	[Enclose ad	lditional sheet, ij	<sup>f</sup> required, i	in the same	format	]		

7. Administrative Experience													
Designation	University/ Institution	Nature of Appointment	Period		Period		Period		Ex	Total perie		Pay matrix Level & Basic	Enclosure No.
	Institution	Appointment		1		perie	lice		INO.				
			From	То	Y	Μ	D	pay/pay band					

8. Professional Training								
Year	Nature of Training	Duration	Organization where training was provided	Enclosure No.				

9. a) Conferen	9. a) Conferences / Seminars attended (National & International)							
Year	Conferences / Seminars attended	Title of paper presented (if any)	Enclosure No.					

9. b) Confe	9. b) Conferences / Seminars/workshops organized (National & International)							
Year	Conferences/Seminars/workshop organized	Details of organized Conferences/Seminars/workshop	Enclosure No.					

10. Membership of Professional Bodies :					
Name of the Body	Statues of Membership : Life/Annual	Enclosure No.			

11. Particulars of other activities, if any : (Except teaching & Research)	Enclosure No.
a) Extension work carried out :	
b) Co-curricular and extra-curricular activities carried out :	
c) Activities concerning corporate-like such as Hostel-wardenship, Guidance bureau, Gymkhana, NSS, NCC, etc.	

12. Details about executed major Research / Consultancy / Industrial projects								
Sr. No.	Title of the Proje ct	Name of Agency	Period	<b>Type of</b> <b>Project</b> (Research/ Consultanc y/ Industrial)	Whether Collaborati ve or Joint	Linkage at (National / Internatio	Grant/ Amount Mobilized (Rs. In Lakhs)	Whether Policy Document /Patent as outcome

13.	Evidence	regarding knowledge in the field of Intellectual Property
	Rights	
(En	close addit	ional sheet, if required in the same format)

## 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)

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

16. Total No. of Enclosure Attached :-	_
(Attach the list of enclosures along with page numbers for convenience	

Date :

Place :

(Signature of the Applicant)

Name : \_\_\_\_

### 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

DECLARATION					
Form 'A' (See Rule – 04)					
	Shri./Smt		Son/Doughter/H	usband/Wife	
of S	hri	aged	years, resident at	do hereby	
decla	are as follows:				
<ol> <li>That I have filled my application for the post of</li> <li>I have(Number) living children as on today, out of which no. of children born after 28<sup>th</sup> March 2005 is(Mention dates of Birth, if any).</li> <li>I am aware that if any total number of living children are more than two due to the Children born after 28<sup>th</sup> March 2005, I am liable to be disqualified for the same post.</li> </ol>					
Place : Date :	:		nature of the Applicant		

# **NO OBJECTION CERTIFICATE**

Certified that Shri/Smt	is	working	as	
in the subject		_, in the Depa	artment	
ofv	v.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	f he/she	
is selected for the post of	in the	e		
and will be relieved within the stipulated pe	eriod.			
It is further certified that the candidate has no pending Inquiries/ Disciplinary action.				
Place : Date :				
Seal Signature &	Designation of	of the employer		

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