Indapur Taluka Gramvikas Pratishthan's
Vishwasrao Ransing Arts, Commerce & Science College
Kalamb - Walchandnagar 413114

APPLICATION FORM

To
The Secretary,
Indapur Taluka Gramvikas Pratishthan's
Nimsakhar Tal-Indapur,Dist-Pune
413114

Affix Passport Size Photo

Sub: Application for the post of Assistant Professor in _____

Respected Sir,

As per the advertisement published in Daily Newspaper _____, Dated _____,
I, _____the undersigned, am applying for the Post of **Assistant Professor in _____**
Your renowned institution.

A) Applicant's Personal Information:

1) Full Name (Surname First) : _____

Full Name in Devanagari : _____

2) Correspondence Address : _____
_____
_____

3) Permanent Address : _____
_____
_____

4) Mobile No.: _____ E-mail: _____

5) Date of Birth: _____ Age: _____ Years _____ Months
(As on date of Application)

6) Religion and Caste: _____ Category: _____
(ST, NT-C, OBC, SEBC, EWS)

7) Whether Physically Handicapped: Yes / No
(Enclose Photo copies of caste certificate, caste Validity, Non-Creamy Layer certificate, physically handicapped certificate whichever is applicable along with the application)

B) Educational Qualification:

Sr. No.	Examination	Subject	Year of Passing	Marks Obtained	Total out of Marks	Percentage / CGPA	Class	Board / University
1	S.S.C							
2	H.S.C.							
3	B.A./B.Com./B.Sc.							
4	M.A./M.Com./M.Sc.							
5	NET							
6	SET							
7	M.Phil							
8	Ph.D.							
9	Any other							

(Self-attested copies the documents should be attached)

C) Experience:

Sr. No.	Name of Institution	Designation	Nature of Appointment	Period of Appointment	
				From	To

I certify that, all the information given by me is true to the best of my knowledge. If wrong, then my candidature may be automatically terminated.

Therefore, I am requesting you to consider my application favorably and oblige. Thanking you,

Date: Yours faithfully

Place: Signature
(Name: _____)

(Note: Applications with incomplete information will not be considered.)

Score for the Post of Assistant Professor in the Colleges

Sr. No.	Academic Records	Score	Self-Appraisal Score	Page number of Supporting document	Verified Score
A	**Academic Records (Max. marks 46)**				
a.	Score for Marks obtained at UG and PG Degree Examinations (Max. Marks 24)				
i	Graduation (Max. Marks 10) 80% & Above = 10 60% to less than 80% = 08 55% to less than 60% = 06 45% to less than 55% = 04				
ii	Post- Graduation (Max. Marks 14) 80% & Above = 14 60% to less than 80% = 12 55% (Relaxation for Reserved Category/PWD Candidates as per Govt. of Maharashtra Norms) to less than 60% = 10				
b.	M. Phil. and Ph.D. (Max. Marks 17)				
i	M. Phil. 60% and above = 05 55% to less than 60% = 03				
ii	Ph.D. = 17 M. Phil. + Ph.D. = Maximum 17 Marks				
c.	JRF/NET/SET (Max. Marks 05) i NET with JRF = 05 ii NET = 04 iii SET = 03 JRF+NET+SET = Maximum 05 Marks				

B	**Teaching Experience (Max. Marks 06)** **Scores for approved teaching experience / Postdoctoral experience shall be 1 mark per year. Tenure shall not be less than 9 months in respective Academic Year.**				
C	**Assessment of Research Skills (Max. Marks 08)**				
a.	Research Publications, Books Authored and IPR generated (Max. Marks: 06) i. Research Publications: 1 per Research Paper for single author. ii. Books Authored: 2 marks per reference book, 1 per Edited Book. iii. IPR generated: 2 marks per IPR granted. Max 06 Marks				
b.	Awards (Max. 02 Marks): i. International/ National Level: 02 ii. State Level: 01 Max 02 Marks				
	Total				

Date: Signature of the Candidate

Place: (Name: _____)

Declaration Form
'A' (See Rule-04)

Shri./Smt./Dr. _____ Son/ Daughter/ 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.

Date:

Place: Signature of the Applicant

Office Use Only

The credentials are verified and the candidate is **Eligible / Not Eligible**

Reason for Not Eligible Candidate:

_____

_____

Name & Signature	**Name & Signature**	**Name & Signature**
Member	**Member**	**Chairman**
Scrutiny Committee	**Scrutiny Committee**	**Scrutiny Committee**