



॥ अंतरी पेटवू ज्ञानज्योत ॥  
उत्तर महाराष्ट्र विद्यापीठ, जळगाव

NORTH MAHARASHTRA UNIVERSITY, JALGAON

(Application format for the post of Registrar ) **APPENDIX-A**

Advertisement No. **1/2017**

(Please submit **TEN** sets with necessary enclosures)

To,  
The Registrar,  
North Maharashtra University,  
Jalgaon-425 001.

Affix Latest  
passport size  
photograph  
with self  
attestation

**Sub: Application for the Post of - Registrar**

Sir,

I , hereby, submit my application for the post mentioned above, with the following details:-

1. Name in Full (in Capital Letters)

Shri/Smt. \_\_\_\_\_  
(Surname) (First Name) (Father's/Husband's Name)

In Devnagari . \_\_\_\_\_

2. Postal Address in Full : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Pin:- \_\_\_\_\_

Phone No. with STD code \_\_\_\_\_ Mobile No \_\_\_\_\_

e-mail ID (Mandatory) \_\_\_\_\_

3. Date of Birth:-

4. Age:

5. Male/Female:

d	d	m	m	y	y

\_\_\_\_\_ Yrs

6. Whether PHP: YES/NO

7. Whether Sportsman: YES/NO

8. Category :- ( Tick (✓) in the appropriate box)

SC	ST	VJ(A)	NT(B)	NT(C)	NT(D)	OBC	SBC	OPEN

Caste \_\_\_\_\_ Sub Caste: \_\_\_\_\_

9. (a) Nationality: \_\_\_\_\_ (b) Mother Tongue : \_\_\_\_\_

10. Details of Demand Draft: DD. No. \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Amount Rs. \_\_\_\_\_ Name of Bank: \_\_\_\_\_

11. **Educational Qualifications:**

Examination	University/ Board	Month & Year of Passing	Subjects SPL/Gen		Marks		% of Marks	Class/ Div/ Grade awarded
			Prin.	Sub	Obtained	Out of		
Matriculation SSC/SSLC								
Higher Secondary/ Pre University/ Intermediate								
Bachelor's Degree.....								
Master's Degree.....								
M.Phil.								
Ph.D.								
Others								

12. **Experience:** (Above supervisory posts)

Sr. No.	Name of Institute	Position Held	Nature of Appointment	Period		Salary	Other Information
				From	To		

13. List the Membership of various National/ International Academic /Non Academic bodies.

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14. Names, Addresses and contact numbers of not more than two persons to whom reference may be made.

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

15. Following documents are enclosed:

- 1) Demand Draft
- 2) Attested /Certified photo copies of Degree/Diploma and other certificates.
- 3) Attested photo copies of 1<sup>st</sup> appointment.
- 4) Attested/Certified photo copy of S.S.C. or equivalent certificate in support of Age.
- 5) Non Creamy Layer Certificate
- 6) Experience Certificate
- 7) Attested/Certified photo copy of PHP / Sportsman Certificate.
- 8) Any other (Please specify)

**DECLARATION**

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 is liable to be cancelled / terminated at any stage. 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 Advt. No. 1/2017 on the website of the University.

Place : \_\_\_\_\_ Name & Signature  
Date : \_\_\_\_\_ of the Candidate:

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**Recommendation of Employer**

To,  
Registrar,  
North Maharashtra University,  
Jalgaon

Sir,

I am forwarding an application of Shri./Smt. \_\_\_\_\_  
working in \_\_\_\_\_ as a duly recommended.

Yours faithfully

Date: \_\_\_\_\_ (Name & Signature of Employer )

Place: \_\_\_\_\_ Seal :

**(Government of Maharashtra, Gazette, April, 28, 2005)**

**DECLARATION**

FORM – 'A'

(See Rule – 4)

I, Shri/Smt/Kum. \_\_\_\_\_

Son /daughter/wife of Shri. \_\_\_\_\_ aged \_\_\_\_\_ 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 \_\_\_\_\_ 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 dated 28 March,2005, I am liable to be disqualified for the same post.

Place :

Date :

Name & Signature  
of the Candidate :