Shri Nagpur Gujarati Mandal's (A Gujarati Linguistic Minority Institution)



V.M.V. COMMERCE J.M.T. ARTS & J.J.P. SCIENCE COLLEGE

WARDHAMAN NAGAR, NAGPUR-440 008. ☎: 0712-2764391

website: www.vmvcollege.ac.in

APPLICATION FOR THE POST OF

e-mail: vmvnagpur@gmail.com

UNDER

Affiliated to Rashtrasant Tukadoji Maharaj Nagpur University, Nagpur

NAAC RE-ACCREDITED 'B' GRADE

SENIOR COLLEGE TEA	ACHING STAFF CADRE		
For Office Use only			
Qualifications: Academic:-	Affix recent Passport size Photograph		
Professional :	with attestation by Gazetted Officer.		
Technical :-			
Others :-			
Total Experience :			
Any other information:			
Name :- ()		
(Signature of the concerned person w	ith name & designation)		
With reference to the above-mentioned Adver	rtisement, I, the undersigned, hereby apply for the post and state as follows :-		
(Capital letters)			
3. Full Residential Address and Contact Numbers :- Local/Present Address	Permanent Address		
City State	City State		
Pin Code	Pin Code		
LL / Res. No. with STD Code	LL / Res. No. with STD Code		
Mobile No.	Mobile No		
4. e-mail ID :			

5.	Date of Birth (alongwith the Certificate)	:-	DD / MM / Y	 /YYY		
6.	Present Age	:-		_ years	months	
7.	Mother Tongue :		Languages kno	own (Speak, Read, Wri	te) :	
8.	CasteC	aste Cate	gory	Religion :	Nationality :	
9.	Academic Qualifications	(from SS	C onwards) :-			

Name of the Examination passed	Year of Passing	Name of the Board / University	Subjects offered	Marks obtained (out of)	Percentage	Division
S.S.C.						
H.S.S.C.						
U.G.						
P.G.						
M. Phil.						
NET / SET						
Ph.D.						
Any other						
				10.1	(D. (C. 1	

Note: - Please attach Marksheets of 1^{st} year, 2^{nd} year and 3^{rd} year of Graduation and Marksheets of 1^{st} year and 2^{nd} year of Post Graduation too.

10. Technical Qualifications (Computer Courses / Typing & others)

S. N.	Name of Examination	Name of Board	Year of Passing	Marks / Percentage obtained	Grade / Division obtained

Note :- Please attach Certificate / Marksheet of each exam.

11. Experience if any along with the appointment order or certificate.

							f Service	Total
S. N.	Designation	Name of the Office / College /		Designation	Salary / Pay	From	То	Experience
	2 corgradient	School / Employer	Appointment		drawn			(in Years /
								Months

Note:- Attach a separate sheet giving nature of work performed by you in previous employment.

Paper presentation / Research	:-	
sheet if necessary)		
Any other information (if any)	:-	
any Departmental Enquiry or	:-	Yes / No (If yes, give details and attach documents)
contemplated against you.		
Do you have any relative serving	:-	
in this Institution?		
employee and relationship.		
Certificate of Physical and Mental F	itne	ess from Medical Advisor with date of examination to be attached.
Two references with address :-		
1		2
Ph.No		Ph.No
		DECLARATION
I, do hereby declare that t	the	aforesaid information submitted by me is true to the best of my knowledge
and belief and if found false / ir	ıcor	rect, I shall be rendered disqualified and I shall have no claim for the
above-said post.		
Place :		Signature of the Applicant :
Data:-		Name of the Applicant:
	Paper presentation / Research (Give details, attach separate sheet if necessary) Any other information (if any) Please state any vigilance case or any Departmental Enquiry or any Legal case in any Court of Law that is pending or being contemplated against you. Do you have any relative serving in this Institution? If yes, mention the name of the employee and relationship. Certificate of Physical and Mental F Two references with address:- 1	Paper presentation / Research (Give details, attach separate sheet if necessary) Any other information (if any) :- Please state any vigilance case or any Departmental Enquiry or any Legal case in any Court of Law that is pending or being contemplated against you. Do you have any relative serving in this Institution? If yes, mention the name of the employee and relationship. Certificate of Physical and Mental Fitne. Two references with address:- 1

18.	Enclosures :-	1. Leaving Cer	rtificate / TC	2
		3		4
		5		6
		7		8
		9		10
		11		12
		13		14
		15		16
		17		18
		19		20
19.	Those who are a	lready employe	d should forward	their application through Head of the Institution.
	Name of the Emp	oloyer &	÷	
	Address			
	Place :			
	Date :		:- Signature o	f the Employer with Seal