

Dr. D. Y. Patil Vidyapeeth, Pune (Deemed University)

(Re-accredited by NAAC with a CGPA of 3.62 on a four point scale at A Grade)

Application Form (for non-teaching posts)

To Registrar Dr. D. Y. Patil Vidyapeeth Sant Tukaram Nagar Pimpri, Pune 411 018

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| I wish to apply for a position in your organization. The relevant details are as follow | I | wish to | o apply | for a | position in | vour | organization. | The relevant | details are | as follow | ws: |
|---|---|---------|---------|-------|-------------|------|---------------|--------------|-------------|-----------|-----|
|---|---|---------|---------|-------|-------------|------|---------------|--------------|-------------|-----------|-----|

| 1. PO | OST APPLIE | D FOR: | | | • | | | |
|-------|---|---|-------------------|------------------|---|---|-------|--|
| 1.1 N | AME OF TH | E COLLE | GE/INSTITUTE: | | | | | |
| 2. PI | ERSONAL IN | FORMAT | TION: | | | | | |
| 2.1 | Full name: | | | | | | | |
| | (in CAPITAL let | ters) (First | name) | (Middle Name) | (Surn | | | |
| 2.2 | Address for | correspon | dence: | | | | | |
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| 2.3 | | | | | | | | |
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| 2.4 | Telephone: S | STD code: | Pho | one: | | | •••• | |
| 2.5 | Cell (Mobile) Phone No.: | | | | | | | |
| 2.6 | E-mail address: | | | | | | | |
| 2.7 | 7 Date of Birth: / | | | | | | | |
| 2.8 | Marital Stat | us: | | | | | | |
| 3 A | 3 ACADEMIC QUALIFICATIONS: (starting with S.S.C.) | | | | | | | |
| Sr. | Examination | Year of | Principal / | School / College | Board / | Class / | % of | |
| No. | / Degree | passing | Special subject/s | / Institute | University | Grade | marks | |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | |
| | | | | | | | | |

Application Form 1

4 WORK EXPERIENCE: (Starting with current employment)

| Sr. | D. | Period | | Per | riod | 0 | Last salary |
|-----|------|--------|-----|---------------------------|-------|---|-------------|
| No. | Post | From | То | Organization / Management | drawn | | |
| (1) | (2) | (3) | (4) | (5) | (6) | | |
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5 LANGUAGES KNOWN

| Language | Read | Speak | Write |
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| Ü | | 0011110011111 | ACTIVITIES / HOBBIES | |
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Application Form 2

| / | SPECIAL ACHIEVEMENTS |
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| 8 | ANY OTHER INFORMATION |
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| 9 | REFERENCES: |
| | (1) |
| | |
| | |
| | (2) |
| | |
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| | |
| | I hereby certify that the information given in this application is true and correct to the best of y knowledge and belief. I understand and agree that misrepresentation or omission of relevant ets will justify cancellation of application. |
| | Doto . |
| | Date : |
| | Place : (Signature of the Applicant) |

Application Form 3