

Dr. D. Y. Patil Vidyapeeth, Pune (Deemed to be 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

| Paste | you |
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| photo | here |

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| N | 1 | 1, |

I wish to apply for a position in your organization. The relevant details are as follows:

| 1. P(| OST APPLIE | D FOR: | | | | | | |
|-------|---|---|---|---|------------|---------|-------------|--|
| 1.1 N | AME OF TH | E COLLE | GE/INSTITUTE: | • | | | | |
| 2. PI | ERSONAL IN | FORMAT | TION: | | | | | |
| 2.1 | 1 Full name: | | | | | | | |
| | (in CAPITAL let | ters) (First | | (Middle Name) | (Surn | | | |
| 2.2 | Address for | correspon | dence: | | | | | |
| | | • | | | | | • • • • • • | |
| | | | | | | | | |
| 2.3 | 3 Permanent address: | | | | | | | |
| | | | • | | | | | |
| 2.4 | 4 Telephone: STD code: Phone: | | | | | | | |
| 2.5 | | | | | | | | |
| 2.6 | | | | | | | | |
| 2.7 | .7 Date of Birth: / | | | | | | | |
| 2.8 | 2.8 Marital Status: | | | | | | | |
| 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. | Post | Period | | 0 1 1 1 1 1 | Last salary | |
|-----|------|--------|-----|---------------------------|-------------|--|
| No. | | 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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Application Form 2

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

Application Form 3