

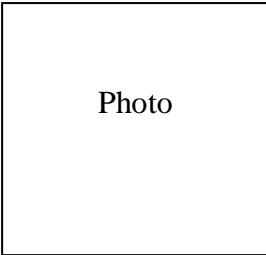


Dr. D. Y. Patil Vidyapeeth, Pune (Deemed to be University)

(Accredited (3rd Cycle) by NAAC with a CGPA of 3.64 on four point scale at 'A++' Grade)
(Declared as Category-I University by UGC Under Graded Autonomy Regulations, 2018)
(An ISO 9001:2015 and 14001:2015 Certified University and Green Education Campus)

APPLICATION FORM (FOR TEACHING POST)

To
The Registrar
Dr. D. Y. Patil Vidyapeeth, Pune
(Deemed to be University)
Sant Tukaram Nagar
Pimpri, Pune 411 018.



Sir,

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

1. **POST APPLIED FOR:** _____

1.1 **NAME OF THE INSTITUTE:** _____

2. **PERSONAL INFORMATION:**

2.1 **Full name:**
(in CAPITAL letters) (First name) (Middle Name) (Surname)

2.2 **Address for correspondence:**
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2.3 **Permanent address:**
.....

2.4 **Contact Details: Telephone:**..... **Cell Phone:**

2.5 **E-mail address:**

2.6 **Date of Birth :**/...../19..... **Age:** **Marital Status:**.....

2.7 **Category**..... **Religion**..... **Caste**..... **Sub-Caste**.....

3. ACADEMIC QUALIFICATIONS: (starting with S.S.C.)

Sr. No.	Qualification/ Degree	Year of passing	Principal / Special subject's	School / College / Institute	Board / University	% of marks	Class / Grade
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1							
2							
3							
4							
5							

4 WORK EXPERIENCE: (Starting with current employment)

Sr. No.	Post	Period			Institute / Management	Last salary drawn
		From	To	Total Experience		
(1)	(2)	(3)	(4)		(5)	(6)

4.1 Total Teaching Experience: _____

4.2 Total Industry Experience: _____

5 LANGUAGES KNOWN

Language	Read	Speak	Write

6 RESEARCH EXPERIENCE AND PUBLICATIONS :

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7 EXTRA -CURRICULAR ACTIVITIES

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8 HOBBIES

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9 SPECIAL ACHIEVEMENTS

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10 ANY OTHER INFORMATION

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11 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 of my knowledge and belief. I understand and agree that misrepresentation or omission of relevant facts will justify cancellation of application.

Date :.....

Place :.....

(Signature of the Applicant)