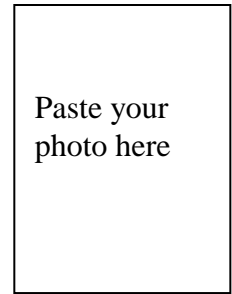




**Dr. D. Y. Patil Vidyapeeth, Pune
(Deemed to be University)**

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

***Application Form
(for teaching posts)***



To

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

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

1. POST APPLIED FOR:

1.1 NAME OF THE COLLEGE/INSTITUTE:

2. PERSONAL INFORMATION:

2.1 Full name:

.....
(in CAPITAL letters) (First name) (Middle Name) (Surname)

2.2 Address for correspondence:

.....
.....

2.3 Permanent address:

.....
.....

2.4 Telephone: STD code: **Phone:**

2.5 E-mail address:

2.6 Cell (Mobile) Phone No. :

2.7 Date of Birth : ... /...../19..... **Age :**

2.8 Marital Status:.....

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

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

4 WORK EXPERIENCE: (Starting with current employment)

| Sr.No. | Post | Period | | Organization / Management | Last salary drawn |
|--------|------|--------|-----|---------------------------|-------------------|
| | | From | To | | |
| (1) | (2) | (3) | (4) | (5) | (6) |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

5 LANGUAGES KNOWN

| Language | Read | Speak | Write |
|----------|------|-------|-------|
| | | | |
| | | | |
| | | | |
| | | | |

6 RESEARCH PUBLICATIONS :

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7 EXTRA –CURRICULAR ACTIVITIES / HOBBIES

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8 SPECIAL ACHIEVEMENTS

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.....
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9 ANY OTHER INFORMATION

.....
.....
.....
.....

10 REFERENCES :

- (1).....
.....
- (2).....
.....

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)