



Price Rs. 200/-

SHIVAJI UNIVERSITY, KOLHAPUR

(Prescribed Application Form for open Candidates)

Please Paste here your recent Passport size photograph

APPLICATION FOR THE POST OF -----

Reference : - Advertisement dated _____ published in _____

(The forms should be filled in by the candidate in typing/handwriting neatly. It should be completed in all respect and accompanied by attested copies if supporting documents. Incomplete application will not be entertained. Candidate from reserved category should send attested copy of his/her caste certificate issued by the Competent Authority. Caste Validity Certificate will be preferred.)

1. Name in full (IN BLOCK LETTERS)

SURNAME APPLICATION NAME FATHERS/HUSBAND NAME

2. Full Postal Address :

Phone No (if any)

3. Date of Birth (Copy attached) :

Age

Year

Months

4. Whether belonging to backward class (if so, give details) (Copy attached) :

5. Race and Religion

6. Mother tongue

7. Particular of Educational Qualification : (Attested copies attached)

Examination passed	Year of Passing	Percentage of Marks	Name of Board/ University
1. S.S.C			
2. H.S.C.			
3. Graduation			
4. Post- Graduation			
5. Other			
6. Other			

8. Details of experience : (Attested copies attached)

Sr. No	Post	Period (FT/PT/CHB)		Total Period	Name of Institute / Office	Scale	Basic
		From	to				

(Continue)

9. Additional Information, in any :

10. Names of two responsible persons to whom reference may be made.

1. Name : - _____ 2. Name : - _____
Address : - _____ Address : - _____

Phone _____ Phone _____

To,
The Registrar,
Shivaji University,
Vidyanagar,
Kolhapur- 416004
(Maharashtra State)

Sir,

I hereby declare that all entries in this application are true and correct to the best of my knowledge and belief.

PLACE : -

Yours faithfully,

Date : -

Signature

(Name _____)

Forwarding remarks of the Head of the Institution/office in case the candidate is employed.

Seal of Institution/Office

Signature

DATE :

**Declaration
Form -A
(See Rule 4)**

I Shri/Smt/Kum. _____
son/daughter/wife of Shri. _____
aged _____ years, resident of _____
_____ do hereby declare as follows

1. That I have filled my application for the post of _____
2. I have _____ (Number) living children as on today. Out of which No. of children born after **28 March 2005** is _____ (mention date of birth, if any)
3. I am aware that, if any total numbers of living children are more than two due to the children born after **28 March 2006**.
I am liable to be disqualified for the same post.

Place :

Date :

Signature

(Name _____)
