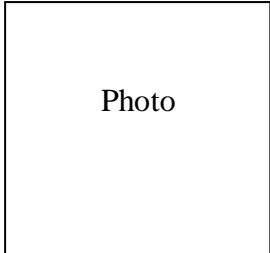




DR. D. Y. PATIL PRATISHTHAN'S

DR. D. Y. PATIL ARTS, COMMERCE & SCIENCE JUNIOR COLLEGE, AKURDI,PUNE-411044

APPLICATION FORM (FOR TEACHING POST)



To The Registrar Dr. D. Y. Patil ACS Jr. College, Akurdi Pune 411 044

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:
.....

2.3 Permanent address:
.....

2.4 Contact Details: Telephone: Cell Phone:

2.5 E-mail address:

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

2.7 Category: Religion: Caste: Sub-Caste:

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

Table with 8 columns: Sr. No., Qualification/Degree, Year of passing, Principal/Special subject's, School/College/Institute, Board/University, % of marks, Class/Grade. Rows 1-5.

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)