

SI. NO. _____

MUMBADEVI ADARSH SANSKRIT MAHAVIDYALAYA

Bharatiya Vidya Bhavan, K. M. Munshi Marg, Mumbai - 400007.

Phone - 022-23634462 EXT - 221/227 Email - mymumba.skt@gmail.com

(Recognised as Adarsh Sanskrit Mahavidyalaya under the scheme for financial assistance to institutions recognized as Adarsh Sanskrit Mahavidyalayas/Adarsh Shodha Sansthans being implemented by the Central Sanskrit University, New Delhi under Ministry of Education, Government of India.)

APPLICATION FORM FOR THE POST OF ASSISTANT

Note:-

1. The downloaded application form should be filled in English by the candidate in his/her own handwriting. If the space provided is inadequate, information may be given in a separate sheet, attached along with the application form, A DD drawn on any nationalized bank in favor of the Principal, Mumbadevi Adarsh Sanskrit Mahavidyalya, Mumbai for the prescribed amount must be enclosed with application form.
2. Self-attested latest passport size photograph is to be affixed in the space provided and one additional photograph is to be attached with the application form.
3. In – complete Application in any respect will not be entertained.
4. Candidate is required to mention the category along with the post.

Advertisement dated _____ D.D. No. _____ Dated _____
Amount _____ Name of the Bank _____

(Candidates should write Name of the Post, Name of the Candidate, Address & mobile No. on the backside of Bank Draft.)

FOR OFFICE USE ONLY				REGN. No.
<u>Scrutiny Committee Recommendation :</u>				
Name of the Candidate :				
Eligible / Not Eligible :				
Date :	Member	Member	Member	Chairman
Scrutiny Committee				

1. Full Name (In block letters) : _____
2. Father's Name : _____
3. Mother's Name : _____
4. Date of Birth : _____ Age in Years: _____

(As per X class/H.S.C. Certificate or its equivalent)

5. Gender : Male Female
6. Category : SC ST OBC PWD EWS GEN .
7. Whether Physically Challenged, if yes : VH HH OH

(Please tick)(In case of SC/ST/OBC/EWS, a valid certificate in support thereof from the competent authority should be enclosed. In case of person with Disability, Category of Disability should be mentioned and Certificate in support thereof from Medical Board or Competent Authority should be enclosed.)

8. Place of Birth : _____

(Please mention name of the Village, District, State)

9. Nationality : _____

10. Mother Tongue : _____

11. Marital Status : Married/Unmarried/Widowed/Separated/Divorced

12. In case of married woman, : _____

Name of Husband

13. Languages Known

1. Speak : _____

2. Read : _____

3. Write : _____

14. Permanent Address : _____

(with pin code)

15. Address for Correspondence : _____

(with pin code)

16. Contact Telephone/Mobile Number : _____

17. Email ID : _____

18. Educational Qualification :

(Names of Examinations passed from Matriculation/Higher Secondary onwards to Graduation etc. as on date of advertisement with full and exact details must be given. Self attested true copies should be attached with the application.)

Examination/Degree Passed	Name of the Board/University	Year of Passing	Division /Grade	% of Marks obtained in aggregate (upto decimal of two digits.)	Subjects Taken	Remarks, if any
Higher School/X class/ HSC or its equivalent						
Intermediate/Higher Secondary examination/ or its equivalent						
Graduation (B.A or its equivalent)						
Post Graduation (M.A. or its equivalent)						
Any other Degree(s)/Diploma (s)						
Any other Qualification						

Specialization in Graduation : _____

Specialization in Post Graduation : _____

19. Working Experience :
(Enclose separate sheet if necessary)

Sr. No.	Organization	Period of Service		Scale of Pay	Designation
		From	To		

20. Present Position :

Post with details of organization	Date of Appointment in the present post	Present Grade	Basic Pay	Total Emoluments	Nature of Job	Date of Next increment

21. Position held before joining the present post :

Post with details of organization	Date of Appointment in the present post	Present Grade	Basic Pay	Total Emoluments	Nature of Job	Date of Next increment

22. (a) Total job experience in years : _____

(b) Job experience in years as per requirement : _____
of the post

23. Give details of any of other work/achievement relevant to the post applied for : _____

24. Conditions for acceptance, if offered the job : _____

25. Time needed to join the service, if selected : _____

26. Other particulars, if any : _____

27. Any other relevant information :

(Attach sheet if necessary.)

28. Reference : 1. _____

: 2. _____

(Signature of the applicant)

Name of the applicant: _____

LIST OF ENCLOSURES: (Please attach, copies of certificates, sanction orders, other relevant papers etc. wherever necessary)

- | | |
|----|-----|
| 1. | 6. |
| 2. | 7. |
| 3. | 8. |
| 4. | 9. |
| 5. | 10. |

I certify that the information provided is correct as per the records/documents enclosed.

Signature of the Applicant with
Designation, Place & Date

DECLARATION

I hereby declare that:

- (1) The entries made in this application form are true and correct to the best of my knowledge and belief. If any part of the information given is found to be false or incorrect, I shall forfeit the claim to the post and will be liable to the disciplinary action.
- (2) I have not been convicted by a Court of Law for any offence.
- (3) I have not indulged in any of the acts of misconduct such as participating in Gherao of any educational authority, whether academic or administrative, manhandling or abusing such authority or damaging any building or other property.
- (4) I shall abide by the ordinance, statutes, rules and regulations that may be made by the Mumbadevi Adarsh Sanskrit Mahavidyalaya, Mumbai.

Place :

Date : ____/____/____

(Signature of the applicant)

Name of the applicant: _____

CERTIFICATE OF PARENT ORGANISATION

This is to certify that _____ is working as
_____ (permanent /temporary) in the
_____ since _____ in
the pay scale of Rs. _____. The organization doesn't have any
Objection to his / her acceptance of any position at Mumbadevi Adarsh Sanskrit Mahavidyalaya,
Mumbai, if he/she is selected.

Signature of the Head of the Institution

Place :

Date :

Seal

Mumbadevi Adarsh Sanskrit Mahavidyalya
Bharatiya Vidya Bhavan, K. M. Munshi Road, Mumbai – 400007.

SUMMARY SHEET

(to be filled by the applicant)

1. Personal Information

Post applied for:		Subject		
Area of specialization:				
Name of the applicant:		Date of Birth		
Category (SC/ST/OBC/EWS/General/PWD)		Age (in years)		
Address				
Phone	Mobile		Email	

2. Educational Qualification (Graduation onward):

Name of the Degree/Exam	University/Institution/Board	Year of Passing	Percentage	Division/Class/GPA	Subject

3. Working Experience:

Designation	Total Period	
	Years	Months

Place :

Date :

Signature of Applicant