



॥ सा विद्या या विमुक्तये ॥

# स्वामी रामानंद तीर्थ मराठवाडा विद्यापीठ, नांदेड

“ज्ञानतीर्थ” परिसर, विष्णुपुरी, नांदेड - ४३१६०६ (महाराष्ट्र)

**SWAMI RAMANAND TEERTH MARATHWADA UNIVERSITY NANDED**

“Dnyanteerth”, Vishnupuri, Nanded - 431606 Maharashtra State (INDIA)

Established on 17th September 1994 – Recognized by the UGC U/s 2(f) and 12(B), NAAC Re-accredited with 'A' Grade



Phone : (02462) 229246

OFFICE OF REGISTRAR

Website: [srtmun.ac.in](http://srtmun.ac.in)

Fax : (02462) 229572

E-mail: [srtmunregistrar@gmail.com](mailto:srtmunregistrar@gmail.com)

To,  
The Registrar,  
Swami Ramanand Teerth Marathwada University,  
Vishnupuri, NANDED - 431606

Sub: APPLICATION FOR THE POST OF:  
DIRECTOR (Innovation, Incubation and Linkages)

Sir,

I hereby submit my application for the post of mentioned above with the following details:

## APPLICATION FORM

(Please read the general instructions, Terms & Conditions before filling form)

1. Application Fee (Non Refundable)				
Demand Draft No./ University Receipt No.	Date	Amount (Rs.)	Name of the Bank	Branch Name

  

2. Personal Details (In Capital Letters)				Enclosure. No
Full Name (Surname First)				
Date of Birth (DD/MM/YY)		Age(In Years as on 11/01/2018)		
Gender (Male/Female)		Marital Status		
Nationality		Religion		
Category with Caste (SC/ST/VJ-A/NT-B /C /D/ OBC/OPEN/PH.etc)				
Marital Status (Married / Unmarried)	(It is mandatory to fill up the Family Declaration form for all applicants)			
Particulars of Physical Disability, if applicable				

<b>3. Address</b>	
<b>Address for Correspondence</b>	<b>Permanent Address</b>
Pin Code :	Pin Code :

<b>4. Communication Details</b>	
<b>E-mail ID</b>	
<b>Phone .No</b>	
<b>Mobile. No</b>	
<b>Fax. No</b>	

<b>5.Educational Qualifications (Matriculation onwards)</b>					<b>En- closure No.</b>
<b>Name of Exam. /Degree</b>	<b>University/ Institution/ Board</b>	<b>Year of Passing</b>	<b>Percentage of Marks</b>	<b>Division /Class/ CGPA</b>	

*(Please use an additional sheet, if required, retaining the above tabular format)*

<b>Ph.D (Mark ✓ in Appropriate Box)</b>	<b>Degree Awarded [     ]</b>	<b>Thesis Awarded [     ]</b>	
Ph.D			
M.Phil			
P.G			
Particulars of NET / SET / SLET/ GATE or Equivalent			

6. Present Position					En- closure No.
Designation	University/ Institution	From Date	Basic Pay/ Pay Band	Gross Pay/ Total Salary p.m.	

7. Teaching Experience as an approved full-time teacher.								En- closure No.
Post Hold	Basic Pay & Pay Band with A.G.P.	University/ Institution	Period		Teaching Experience			
			From	to	Y	M	D	

Total Teaching Experience : [.....Y(Years)] [.....M(Month)] [.....D(Days)]

**Special contribution, if any:**

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*(Enclose additional sheet, if required, in the same format)*

8. Experience in Research Establishment / Institution of Higher Learning / Industries / Professional.								En- closure No.
Post Hold	Basic Pay & Pay Band with A.G.P.	University/ Institution	Period		Teaching Experience			
			From	to	Y	M	D	

Total Teaching Experience : [.....Y(Years)] [.....M(Month)] [ .....D(Days)]

**Special contribution, if any:**

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*(Enclose additional sheet, if required, in the same format)*

9. Research Experience.		Enclosure No.
Number of Ph.D Degree Awarded under Supervision :	[ ]	
Number of Ph.D Thesis Submitted under Supervision :	[ ]	
Number of Ph.D Students Registrar under Supervision :	[ ]	
Total Teaching Experience : [.....Y(Years)] [.....M(Month)] [ .....D(Days)]		

<b>10. Publications.</b>							<b>Enclosure No.</b>
Number of Book Published :		[    ] <b>Own</b>		[    ] <b>Joint Authorship</b>			
Number of Books Edited :		[    ] <b>Own</b>		[    ] <b>Joint Authorship</b>			
Number of Paper Published :		[    ] <b>Own</b>		[    ] <b>Joint Authorship</b>			
<b>Own</b>				<b>Joint Authorship</b>			
International Journals	National Journals	International Conferences/ Seminars/ Symposiums	National Conferences/ Seminars/ Symposiums	International Journals	National Journals	International Conferences/ Seminars/ Symposiums	National Conferences/ Seminars/ Symposiums
[    ]	[    ]	[    ]	[    ]	[    ]	[    ]	[    ]	[    ]
<i><b>Note : Give the details of Publications on separate sheet.</b></i>							

<b>11. Administrative Experience</b>								<b>En- closure No.</b>
Post Hold	Basic Pay & Pay Band with A.G.P.	University/ Institution	Period		Teaching Experience			
			From	to	Y	M	D	
Total Teaching Experience : [.....Y(Years)] [.....M(Month)] [.....D(Days)]								
<b><u>Special contribution, if any:</u></b>								
.....								
.....								
.....								
.....								
<i>(Enclose additional sheet, if required, in the same format)</i>								

**12. Experience of Establishment of an Enterprise/Industry.**

**Enclosure No**

*(Enclose additional sheet, if required, in the same format)*

**13. Experience of Organizing the Sports Competitions.**

**Enclosure No**

*(Enclose additional sheet, if required, in the same format)*

<b>14. Details about executed major Research/Consultancy/Industrial projects.</b>									<b>Enclosure No.</b>
<b>Sr. No.</b>	<b>Title of the Project</b>	<b>Name of Agency</b>	<b>Period</b>	<b>Type of Project</b> (Research/Consultancy/Industrial)	<b>Whether Collaborative of Joint</b>	<b>Linkages at</b> (National/International University or Institution or Industry)	<b>Grant/Amount Mobilized</b> (Rs.In Lakhs)	<b>Whether Policy Document/ Patent as outcome</b>	

<b>15. Evidence regarding knowledge in the field of Intellectual Property Rights.</b>	<b>Enclosure No.</b>
<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	
<i>(Enclose additional sheet, if required, in the same format)</i>	

<b>16. Academic Distinctions (Award/Scholarship/Rank, etc) :</b> <i>(Enclose additional sheet, if required, in the same format).</i>		<b>Enclosure No.</b>
(i)		
(ii)		
(iii)		
(iv)		
(v)		
(vi)		
(vii)		
(viii)		
(ix)		
(x)		

<b>17. Membership / Fellowship of learned Accredited Bodies :</b> <i>(Enclose additional sheet, if required, in the same format).</i>		<b>Enclosure No.</b>
(i)		
(ii)		
(iii)		
(iv)		
(v)		
(vi)		

<b>18. Competence in Computer Application :</b>		<b>Enclosure No.</b>
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<b>19. Additional Information, If any :</b> <i>(Use Separate sheet, if necessary)</i>	<b>Enclosure No.</b>
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	

<b>20. Name and Postal Address of Two Referees :</b>	
<p style="text-align: center;"><b>Referee 1</b></p>	<p style="text-align: center;"><b>Referee 2</b></p>
E-mail. ID :	E-mail. ID :
Mobile No.:	Mobile No.:

<b>21. Total No. of Enclosures attached:</b> .....
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**DATE :**.....

**PLACE :**..... **(Signature of Applicant)**

**DECLARATION – I**

I, hereby, declare that, all information submitted in this application and in its accompaniments is true, complete and correct to the best of my knowledge and belief. I accept that in the event of any information being found false, incomplete, or incorrect, my candidature/appointment for the post of \_\_\_\_\_ is liable to be cancelled / terminated at any stage. I further understand that no cognizance shall be taken of any request for withdrawal of my application. I have read carefully all instructions given in the Employment Notice No. \_\_\_\_\_  
Dated \_\_\_\_\_ on the website of the University.

**DATE :**.....

**PLACE :**..... **(Name & Signature of Applicant)**

**DECLARATION – II**

I, Dr./Shri/Mrs./Ms. \_\_\_\_\_,  
Son/Daughter/Husband/Wife of Dr. / Shri \_\_\_\_\_  
aged \_\_\_\_\_ years resident at \_\_\_\_\_

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 number of children born after 28th March, 2005 is/are \_\_\_\_\_  
(Mention dates of Birth, if any.)
3. I am aware that if total number of living children is more than two, due to the children born after 28th March, 2006, I am liable to be disqualified for the same post.

**DATE :**.....

**PLACE :**..... **(Name & Signature of Applicant)**

## ENDORSEMENT BY THE EMPLOYER

(For in-service candidates only)

### To be signed and forwarded by the present employer

Forwarded to :

**The Registrar,  
Swami Ramanand Teerth Marathwada University,  
Vishnupuri, Nanded-431 606**

The applicant Dr. /Shri / Mrs. /Ms. \_\_\_\_\_,  
who has submitted this application for the post of \_\_\_\_\_

\_\_\_\_\_ in the Swami Ramanand Teerth Marathwada University, Nanded, has been working in \_\_\_\_\_, on the post of \_\_\_\_\_ in a temporary / permanent capacity with effect from \_\_\_\_\_ in the Scale of Pay / Pay Band of Rs. \_\_\_\_\_ with Grade Pay of Rs. \_\_\_\_\_. His/her next increment is due on \_\_\_\_\_.

Further, it is certified that no disciplinary/vigilance case has ever been held or contemplated or is pending against the said applicant.

There is no objection for his/her application being considered by the **Swami Ramanand Teerth Marathwada University, Nanded.**

\_\_\_\_\_  
*Signature of the forwarding authority*

Name : \_\_\_\_\_

Designation : \_\_\_\_\_

**OFFICE SEAL**

Place : \_\_\_\_\_

Date : \_\_\_\_\_

**Statement showing particulars of applicant for the Statutory Officer's Post of - DIRECTOR (Innovation, Incubation and Linkages)**

**Post Category : OPEN**

**No. of Post : 01 (ONE)**

**Advt.No. SRTMUN/SP/01/2019, DATED 01.06.2019**

Name & Correspondence Address of the Applicant with Contact No. & E-mail ID	Date of Birth	Academic Qualifications				Experience (Years/Months/Days)					No. of Executed major Research/Consultancy/Industrial Projects	Evidence regarding knowledge in the field of Intellectual Property Rights.	Publication
		Degree Awarded	Year of Passing	% / CGPA	Div./ Grade	Teaching	Research	Admin	Establishment of an Enterprise/ Industry	Establishing Collaborations/ Linkages at National/ International level.			
1	2	3	4	5	6	7	8	9	10	11	12	13	14
	Age as on 30 <sup>th</sup> June, 2019												<b>International:</b> Own.....  <b>Joint:</b> ..... Total: <b>National:</b> Own.....  <b>Joint:</b> ..... Total:

I hereby declare that all the entries made by me are true to the best of my knowledge and belief. If anything is found false at any stage, my candidature for the Statutory Officer's Post of DIRECTOR (Innovation, Incubation and Linkages) may be cancelled without assigning any reason there for.

Date : \_\_\_\_\_

Signature of Applicant : \_\_\_\_\_

Place : \_\_\_\_\_

Name of Applicant : \_\_\_\_\_