Shivnagar Vidya Prasarak Mandal's

INSTITUTE OF MANAGEMENT

A/p Malegaon(Bk) Tal- Baramati Dist-Pune, Pin-413115, Phone(021120254216)
Web : www.mgmt.svpm.org.in.org, E-mail : directoriom@mgmt.svpm.or.in

Paste here your recent photograph

Application Form

Post Applied For: *(Please ✓)*

1. **Professor** : ☐
2. **Associate Professor:** ☐
3. **Assistant Professor** : ☐
4. **Librarian** : ☐

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1. Name in Full: (IN CAPITAL LETTERS)

[Surname] [First Name] [Middle name]

Married ☐ Single ☐ Male ☐ Female ☐ *(Please ✓)*

2. Full address on which communication is to be sent:

3. Permanent Address:

4. Nationality: Indian **Date of Birth:**

[Mention as per school leaving certificate/S.S.C. Certificate (Attach attested true copy)

5. Tick Mark the appropriate box, you belong to the category:

SC	ST	VJ/DT/NT(A)	NT(B)	NT(C)	NT(D)	OBC	SBC	SEBC	OPEN

(a) Attested copy of caste Certificate & validity certificate enclosed: Yes ☐ No ☐

(b) Attested copy of non-creamy layer certificate valid up to 31st March 2026 enclosed* : Yes ☐ No ☐

(*) Non-creamy layer certificate is not required for SC/ST/Open candidates.

6. Present Employment:

Organization Name:

Designation:

Whether permanent, temporary or on probation:

Date of Joining: **Scale of Pay**

Basic Pay Total emoluments (per month)

7. Academic record starting with S.S.C.: (*Attach attested true copies of all mark sheets /certificates)*

Examination	School/ Institute Name	Board/ University	Year of Passing	% of marks obtained	Class Obtained	Subject / Specialization
S.S.C. / X						
H.S.C./ XII						
UG Name B. Pharmacy						
PG Name Master of Business Administration						
National Eligibility Test (NET)						
Doctor of Philosophy (Ph.D.)						

Ph.D details:

Faculty: **Subject:**

Title of the thesis:

Name of the University:

Date of Registration: **Date of declaration Ph.D Result :**

Research domain:

No of successful students under Guidance:

8. Teaching Experience (Particulars of your past position (s**) Attach attested true copies of all certificates** issued by employer)

Name and address of the Institute	Post Held	Date of Joining	Date of Leaving	Total Teaching Experience YY/MM	Pay scale (with Basic)	Gross Pay (Rs)	University Approved / Unapproved (If approved, Pl. attach Approval letter copy)
Total Teaching Experience							

9) Industry Experience (Particulars of your past position (s) Attach attested true copies of all certificates issued by employer appointment order/Experience etc.)

Name and Address of the company & Turnover(RS)	Post Held	Date of Joining	Date of Leaving	Pay Scale With Basic	Gross Pay	Total Experience
-	-	-	-	-	-	-
Total Industry Experience						-

10) Membership of Professional Bodies, *if any*:

Name of the Body	Status of Membership Life / Annual
-	-

11) Research Paper Publications SCI/UGC/AICTE journals/Books/Chapters written
*(Give **total numbers in the following table** and details in annexure)*: **Please refer annexure no. I and II for details**

Paper published in Research SCI/UGC/AICTE journals			Paper presented in conferences			Books Chapters written
International	National	Impact Factor	International	National	Impact Factor	

12) Workshops / Seminars: (***Give total numbers in the following table** and details in annexure)*: **Please refer annexure no. III**

Attended		Organized	
National	International	National	International

Year	Conferences / Seminars attended	National/ International/ State	Title of paper presented (if any)	ISBN / ISSN
				-
				-
				-
				-
				-

13) Important Conferences / Seminars / FDPs attended: Please refer annexure no. II, III and IV

14) Names and addresses of two References: (*at least one of them should be familiar with your recent work*)

Sr. No.	Name	Position/ Occupation	Communication Address (Mobile /E-Mail)

Declaration

I state that the above information provided is correct to the best of my knowledge. If it found false, I shall be responsible for it.

Date :
Place :

Signature : _____
Name :