



**MAHARSHTRA EDUCATION SOCIETY,
PUNE 411030.**

Application Form

To,
**The Chief Executive Officer,
Maharashtra Education Society,
MES Bhavan, 1214-1215,
Sadashiv Peth, Pune 411030.**

Photograph
(Passport size 35
mm x 35 mm)

Application for the Post of **Assistant Professor** in _____ **(Subject)**

Sir,

This is in reference to your advertisement in daily on....., I hereby, submit my application for the post mentioned above, please find my details as mentioned below:

1. Name in Full (in Block Letters)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dr. / Mr. / Mrs.	Surname	First Name	Father's / Husband's Name

2. Postal Address in Full

Pin code

3. Date of Birth	(dd / mm / yyyy) <input type="text"/>	4. Gender	<input type="text"/>
5. Nationality	<input type="text"/>	Mother Tongue	<input type="text"/>
6. Marital Status	<input type="text"/>	7. E-mail	<input type="text"/>
8. Telephone No	<input type="text"/>	Mobile No	<input type="text"/>
9. AADHAAR No.	<input type="text"/>	PAN No.	<input type="text"/>
		Passport No.	<input type="text"/>

10. A. Category:

SC	ST	VJ - A	NT - B	NT - C	NT - D	SBC	OBC	SEBC	EWS	General (Open)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

B. Differently-abled (Physically and Visually challenged): YES / NO

If YES,

Type of disability: Percentage of Disability:

Certificate of Disability issued by:

11. Educational Qualifications

Examination	Board / University	Month & Year of Passing	Percentage (%) Or Passing Class / Division / Grade Awarded	Subjects Offered
S.S.C.				
H.S.C.				
Bachelor's Degree <input type="text"/>				
Master's Degree <input type="text"/>				
M. Phil				
Doctorate Degree				
SET				
NET				
Other				

12. Experience:

A. Teaching:

Institution	Position Held	Subject	Tenure		Exp. in Years	Reason for leaving
			From	To		

B. Industry:

Institution	Position Held	Subject	Exp. in Years	Reason for leaving

13. Other Relevant Experience (if any)

14. **Research Work Done**

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15. **No. of Publications:**

	Published	Communicated	Under Preparation
Books			
Articles			
Publications in UGC Listed / Peer Reviewed Journals			
Reviews			

16. **A. Present Position (Designation) :**

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B. Aided / Unaided:

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C. Name of the Institution where Currently Employed:

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D. Date of Appointment:

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E. Signature of present employer & Seal:

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17. **Reference:**

1) Name:

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2) Name:

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Address:

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Address:

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Tel. No.:

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Tel. No.:

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18. Following Documents are Enclosed:

- 1) Resume
- 2) Birth Certificate or SSC Certificate
- 3) SSC Marksheet / Certificate
- 4) HSC Marksheet / Certificate
- 5) School / College Leaving Certificate
- 6) Bachelor Degree Marksheet and Certificate
- 7) Post Graduate Degree Marksheet and Certificate
- 8) M. Phil.
- 9) SET / NET
- 10) Ph.D.
- 11) Domicile Certificate
- 12) Caste Certificate (if applicable)
- 13) Caste Validity Certificate (if applicable)
- 14) Non-Creamy Layer Certificate (if applicable)
- 15) Small Family Declaration
- 16) Relieving Certificate, No objection Certificate and Experience Certificate of previous employer/s
- 17) Certificate / Proof of Research / Publications [Attach only the front page as a proof]
- 18) Last Pay Certificate

Please attach the documents as per the sequence given above .

DECLARATION BY THE CANDIDATE

- I hereby declare that I have read all the instructions and conditions mentioned in the advertisement published by the Maharashtra Education Society, Pune in its advertisement in newspapers and on the society's website. I have understood the same and agree with it.
- Further I 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 found false, incomplete, misleading or fraudulent or incorrect, it will be my sole responsibility, and my candidature / appointment is liable to be forfeited.

Place:

Date:

Signature of the Applicant

Name :