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 **Dr. Babasaheb Ambedkar Technological University, Lonere**

Advertisement No.: DBATU/REG/ADVT/ Date: 08/02/2024

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| Online payment details:-Reserved Category Rs. 500/ and Other Rs. 1000/UTR No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount Paid:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Affix passport size photo |

To,

The Registrar,

Dr. Babasaheb Ambedkar Technological University,

Lonere, Mangaon,

Raigad 402103

Sub: Application for the post of Registrar

Please [√ ] wherever applicable

1.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name in full Shri/Smt./Kum. (in BLOCK letters) | Surname |  |  |  |  |  |  |  |  |  |  |  |  |
| First name |  |  |  |  |  |  |  |  |  |  |  |  |
| Middle name |  |  |  |  |  |  |  |  |  |  |  |  |
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2.Corresponding Address

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Current postal address (in BLOCK letters) |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Email ID |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Mobile No. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Tel. No. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

3. **Personal Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | D | D | M | M | Y | Y | Y | Y |  |  |  |  |  |
| Date of Birth |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Age (as on date) |  |  | Years |  |  | Months |  |  | Days |
| Birth Place |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Nationality |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Male/ Female |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Married/ Unmarried |  |  |  |  |  |  |  |  |  |  |  |  |  |

4. **Category**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Caste category | S.C. | S.T. | D.T.(A) | N.T. | S.B.C. | O.B.C. | OPEN |
|  |  |  | B | C | D |  |  |  |
|  |  |  |  |  |  |  |  |  |

5. E**ducational Experience**

|  |
| --- |
| Educational Qualification |
| Examination | University/ Board | Month and Year of Passing | Subject | Percentage of Marks obtained | Class/ Division |
| S.S.C. |  |  |  |  |  |
| H.S.C. |  |  |  |  |  |
| Graduate |  |  |  |  |  |
| Post-Graduate |  |  |  |  |  |
| Doctor’s Degree |  |  |  |  |  |
| Any other qualification |  |  |  |  |  |

6(a). **Teaching Experience**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Institution/ Organization | Position Held | Nature of Appointment | Period of appointment | Total Exp. |
| From (Date) | To (Date) |  |
|  | Asst. Professor |  |  |  |  |
|  | Asst. Professor Senior Scale |  |  |  |  |
|  | Asst. Professor Selection Grade |  |  |  |  |
|  | Asso. Professor |  |  |  |  |
|  | Professor |  |  |  |  |

6(b). **Administrative Experience**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Institution/ Organization | Position Held | Nature of Appointment | Period of appointment | Total Exp. |
| From (Date) | To (Date) |  |
|  | Head |  |  |  |  |
|  | Dean |  |  |  |  |
|  | Registrar |  |  |  |  |
|  | Any Other |  |  |  |  |

**6(c). Professional Experience/ Research**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Institution/ Organization | Position Held | Nature of Appointment | Period of appointment | Total Exp. |
| From (Date) | To (Date) |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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7. Other Qualifications and experience, if any.

8. Implementation of Innovative Administrative Practice (If any, describe in 100 words).

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9. Knowledge of ICT (Mention specific skills):-

10. Give your vision note on ‘Unversity Governance in the light of NEP implementation’. (Please give details on separate sheet)

11. (a) Present position:

 (b) Name of Institution/ Organization where employed:

 (c)

|  |  |
| --- | --- |
| Salary: |  |
| Pay Level: |  |
| D.A. Rs. |  |
| H.R.A. Rs. |  |
| C.L.A. Rs. |  |
| Others Rs. |  |
| Allowances, if any |  |
| Total Rs. |  |

 (d) Date of appointment:

 (e) Date of next increment:

 (f) Attach Last Pay Certificate, if any

12. Names of persons who have given reference letters.

|  |  |  |  |
| --- | --- | --- | --- |
| Sr. No. | Name & Designation | Email ID | Mobile No. |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |

13. Names and addresses of not more than three persons to whom references may be made

 1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby declare that all statements made by me in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false, incomplete or incorrect, my candidature/ appointment is liable to be cancelled/ terminated. I further understand that no notice shall be taken of any request for withdrawal of my application.

Place:

Date:

(Signature of candidate)