Form No.:

GOKHALE INSTITUTE OF POLITICS AND ECONOMICS

(Deemed to be University u/s 3 of the UGC Act, 1956) 846, Shivaji Nagar, BMCC Road PUNE - 411 004 Paste your recent passport size photograph here

Telephones: (020) 25650287, 25654288 Fax No. (020) 25652579
Website: www.gipe.ac.in Email: registrar@gipe.ac.in

Application Form for Teaching Posts 1. Application for the post of: _____ _____ Advt. No. GIPE-ADVT-MAY 2017 2. Full name in block letters beginning with surname: Dr./Mr./Miss/Mrs. 3. Address for Correspondence: Telephone No.: _____ Mobile: _____ Email: _____ 4. Permanent Address: 5. Male/Female: ______ 6. Married/Unmarried: _____ 7. No. of Children: _____ 8. Date of Birth: ______ 9. Age: _____ 10. Mother Tongue: _____ 11. Nationality: _____ 12. Category (tick whichever is applicable) OPEN OBC 13. Educational Qualifications: University/ Class/ Division/ Month & year % of marks Examination Subjects Board of passing obtained Grade awarded Matriculation/ S.S.C./S.S.L.C. Higher Secondary/ **Pre-University** Bachelor's Degree (B.A./B.Sc./B.Com) Master's Degree (M.A./M.Sc./M.Com) M.Phil. Degree Ph.D. Degree Others (Specify) 14. Have you qualified at the JRF/NET/SET/eligibility for Lectureship? Yes No If yes, date of qualification:

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	_	ease give the date on which				
16. Title of the thesis for						
Master's Degree:						
M.Phil. Degree:						
Ph.D. Degree:						
-	on:					
17. Area(s) of Specialization	on:					
18. Employment History:						
Institution	Positions held	Nature of appointment: Permanent/ Temporary	Period of appointment, with dates			
19. Present Employment:						
		ployed:				
(b) Designation:						
		AGP				
(d) Date of appointment						
(e) Date of next incremen						
(f) Pay and allowances dra	awn:					
Pay Band						
Basic Pay			Rs			
Academic Grade Pay			Rs			
House Rent Allowance			Rs.			
Compensatory Local Allowance			Rs			
Transport Allowance			Rs			
•		Rs Rs				
Other allowances (spec	CITY)					

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20. Experience: (Plea	ase attach separa	te sheets if require	d)			
(a) Teaching:						
Institution		Subjects taught		Undergraduate/ Postgraduate		Number of years
						years
(b) Research:						
Institution	Title of	of the Project Funding agency		ponsoring Date of commencer		Date of completion
Number of resear M.A./M.Sc./M.Co (d) Other (Specify): 21. Publications: (Ple (a) Books published:	ease attach separa		Philed)		Ph.D.	
Title of the book			Publisher		Year	
(b) Articles published	d in professional j	ournals: (Please at	tach separate sh	eets if re	equired)	
Title of the article/s				Year, name of the journal, volume & issue number, pages		
					, ,	
22. Any additional in	nformation such a	s scholarships, priz	es, etc., awarded	l to you:	: (Please attach sep	arate

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sheets if required)

23. Please attach separately the duly filled Academic Performance Indicator (API) based Performance Based Appraisal System (PBAS) proforma as prescribed by 'UGC (Minimum Qualifications for Appointment of Teachers and other Academic Staff in Universities and Colleges and Maintenance of Standards in Higher Education, Regulations, 2010' and its amendments vide 2 nd (Amendment) Regulations 2013, 3 rd (Amendment) Regulations 2016, and 4 th (Amendment) Regulations 2016.							
24. Specify whether the	e candidate is p	hysically challen	ged. If yes, in what way?				
25. If selected, what pe	eriod would you	u require for join	ing?				
26. Have you applied p If yes, give details (v selected or not):	-	• •	ship in the Institute? \tag{\text{N}} \text{Vhich applied, interviewed or not,}	/es No			
application. Kindly a	ttach the writte	en references of	numbers of three referees who can at least two referees in a sealed en in Gokhale Institute of Politics and	velope,			
(a)							
(b)							
(c)							
correct to the best of r	my knowledge.	I understand th	this application and its other encl at in the event of any information be be cancelled/terminated.				
Place:							
Date :			Signa	ture of the Candidate			
To The Director Gokhale Institute of Po	olitics and Econo	omics					
Sir I am forwarding the ap	plication of Dr.	/Mr./Miss/Mrs. ₋					
working in		as	with the following	ng remarks:			
				Yours faithfully,			
Date:	(Signature and Stamp)						
30. Details of Payment							
DD Number	Date	Amount (Rs.)	Name of the Bank	Name of the Branch			

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