



**Dr.Vasatraodada Patil Shetkari Shikshan Mandal's  
PADMABHOOSHAN VASANTRAODADA PATIL INSTITUTE OF TECHNOLOGY,  
BUDHGAON (SANGLI)**

(Approved by AICTE/PCI/CoA, Recognized by DTE Mumbai (Government of Maharashtra) and Affiliated to  
Dr. Babasaheb Ambedkar Technological University)  
A/P- Budhgaon, 416304, Tal.- Miraj, Dist.- Sangli (Maharashtra)  
Ph.No.(0233)2366670, 23666246, 23666397, Fax:23666185

Website-www.pvpitsangli.edu.in

Email:- en6269@dbatu.ac.in

APPLICATION FOR THE POST: <b>ASSOCIATE PROFESSOR / PROFESSOR / PRINCIPAL</b>		Recent passport size photograph to be affixed
1. Advertisement Details		
2. A) Department B) Area of Specialization		
3. Name in Full (Capital Letters)		
4. A) Date of Birth  B) Age  C) Gender	Day                      Month                      Year <div><input type="text"/><input type="text"/>                      <input type="text"/><input type="text"/>                      <input type="text"/><input type="text"/><input type="text"/><input type="text"/></div> ..... years _____	
5. Citizenship Status (tick the appropriate box)	<b>Citizen of India</b> by Birth <input type="checkbox"/> by Domicile <input type="checkbox"/>	
6. Other Backward Caste / Scheduled Caste/ Scheduled Tribe / Physically Challenged	SC      ST      VJ-A      NT-B <div><input type="checkbox"/>      <input type="checkbox"/>      <input type="checkbox"/>      <input type="checkbox"/></div> NT-C      NT-D      SBC      EWS      SEBC      OBC      OPEN <div><input type="checkbox"/>      <input type="checkbox"/>      <input type="checkbox"/>      <input type="checkbox"/>      <input type="checkbox"/>      <input type="checkbox"/>      <input type="checkbox"/></div>	
7. Address to which Communications Should be sent (also furnish email, fax, telephone number, if any)	Mr./Mrs./Miss..... ..... ..... Pin : E-mail : Mobile :	
8. Permanent Home Address	Mr./Mrs./Miss..... ..... ..... Pin : Mobile:	

**CATEGORY I : TEACHING, LEARNING AND EVALUATION RELATION ACTIVITIES****9 EDUCATIONAL QUALIFICATION** (Starting with highest degree obtained) :

Sl. No.	Examination/Degree	Name of Board/College/University	Percentage of Marks/ Final Grade	Subject(s)	Year of Passing/ Award
1	Post Doc.				
2	PhD. / MBA / NET, SET				
3	ME / M. TECH. / MCA / M Sc.				
4	BE / B. TECH. / BCA / B Sc.				
5	DIPLOMA / HSC				
6	SSC				
7	Additional Qualification if any				
8					

(Please attach photocopy in support)

**10. Whether Ph.D. awarded: Yes** ☐ **No.** ☐ if Yes, indicate the year of award .....

(As per UGC Regulations)

**11. A) Title of Ph.D. thesis awarded**

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**B) Area of Specialisation in Master's Level**

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**12. Whether qualified UGC-JRF/NET/SLET/SET** Yes ☐ No. ☐

(If yes, indicate the year, and attach a photocopy of the certificate) .....

**13. Details of Employment Experience : (In chronological order starting with the most recent)** (Attach separate sheet if necessary)

Sl. No.	Name of Employer/Status of Institute/ University (Govt./Quasi Govt./Autonomous etc.)	Post held/ Designation	Period of Employment		Basic salary last drawn, pay scale and Grade Pay	Nature of duties
			From	To		

**14. Summary of experience / performance**

Teaching Experience	From	To	Total	
			Years	Months
i. Under Graduate				
ii. Post Graduate				
iii. Total Teaching Experience				
iv. Participation in production of Educational TV				
v. Short term/Continuing Education/Specialist Course conducted				
<b>Research Experience</b>				
vi. Research Experience other than the period spent for obtaining M/Phil/Ph.D. Research Degree				

**CATEGORY II : CO-CURRICULAR, EXTENSION AND PROFESSIONAL DEVELOPMENT RELATED ACTIVITIES**

**15. Co-curricular, extension and professional development related activities**

- 1) Student related co-curricular, extension and field based activities (such as extension work through NSS/NCC and other channels, cultural activities, subject related events, advisement and counseling).

Sl. No.	Description

- 2) Contribution to corporate life and management of the department and institution through participation in academic and administrative committees and responsibilities.

Sl. No.	Description

- 3) Professional development activities (such as participation in seminars, conferences, short term, training courses, talks, lectures, membership of associations, dissemination and general articles, etc.

Sl. No.	Description

**CATEGORY – III : RESEARCH AND ACADEMIC CONTRIBUTION****16. RESEARCH PUBLICATIONS****(a) Books-Self authored/co-authored/ edited** (Please attach separate sheet, if necessary)

Sl. No.	Title of the Book(s)	Whether Sole Author or Co-author	Name of Publisher (with city/country)	Month & year of publication	Referred or Non-referred	ISBN/ISSN No.

**16. (b) Chapters contributed in edited books** (Please attach separate sheet, if necessary)

Sl. No.	Title of Chapter (s)	Title of the Book(s)	Whether Sole Author/Co-author	Name of Publisher (with city/country)	Month & Year of publication	Refereed Or Non-Refereed	ISBN/ISSN No.

**16.(c) Research Articles/ Papers published in Journals/Periodicals/Conference Proceedings/ Newspapers**  
(Please attach separate sheet, if necessary)

Sl. No	Title of research article / paper(s)	Name of journal (with city / country)	Whether Sole Author/ Co-author	Month & year of publication, volume, no. & page nos.	Whether Refereed/ non-referred	ISBN/ISSN No.	Level (Int./ Nat./ State/ Local)	Impact Factor

**17. Research Projects Undertaken** (other than that for a research degree)

(Please indicate: (a) Major Projects: (b) Minor Projects: (c) Consultancy Projects: (d) Completed Research Projects; (e) Ongoing Research Projects; (f) Whether Outcome/Output of Projects/Policy Document forwarded to sponsoring/Funding Government Agency(s) etc.)

Sl. No	Title/Subject of Research Project(s)	Whether major or minor project	Date of commencement	Date of Completion	Total Grants / Funding received (Rs.)	Name of Sponsoring/Funding Agency	Whether Outcome/ Outputs sent to Sponsoring Govt. Agency	Whether final report published as monograph book

18. **Research Guidance:** Number of scholars who have been awarded M.Phil/ Ph.D. degree under your supervision both as Guide and/or Co-Guide:

Name of Degree	Submitted	Awarded
(i) M.Phil Degree		
(ii) Ph.D Degree:		

### III. TRAINING COURSES AND CONFERENCE/SEMINAR/WORKSHOP/PAPERS

19. **Refresher Course, Methodology, Workshops, Training, Faculty Development Programs, etc. attended.** (Please attach separate sheet, if necessary)

Sl. No.	Name of Course attended	Sponsoring Institution	Duration From ___ to ____

20. **Papers presented in Regional/National and International Seminars/Conferences / Workshop/ Symposium. Indicate whether the Conference Proceedings are published.** (Please attach separate sheet, if necessary)

Sl. No.	Title/Subject of paper presented	Subject of Conference / Seminar / Symposium / Workshop	Organizing Institution/and Name of City/ Country	Duration From__to _	Whether the proceedings published Yes/No

21. **Lecture/Special Lecture in Institutions of repute within the country and outside.** (Please attach a separate sheet if necessary)

Sl. No	Title/Subject of Lecture delivered	Name and Place of Institution	Date of Lecture	Duration

22. **Public Displays/Exhibitions /Performances with or without outputs in CD/ DVD/ Online/ E-Form/ E-Book (for Fine Arts & Visual Arts Faculty)** (Please attach a separate sheet if necessary)

Sl. No.	Title of Show/ Exhibition/ Performance with or without CD/DVD/ Tape/ Online/ E-Form/ E-Book version or Brochures	Company/ Agency/ Institute Name /self financed(including TV/Radio etc)	Categorization I. International II. National III. Regional (Venues/ event/ gallery/ studio/ museums)	Solo artist/Performer respectively Artist/ performer respectively

## OTHER MISCELLANEOUS INFORMATION

23. (a) Membership/fellowship of other institutions/professional societies:

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(b) Other activities/Responsibilities :

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(c) Any other relevant information, if not given above :

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24. Are you willing to accept the minimum initial pay in the grade? If not, state reasons for claiming higher starting pay.

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25. If selected for appointment, what notice would you require for joining the post?

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26. Name of References (Preferably of your Professional background)	
Name and Designation	Current Address/Email/Phone
(i)	
(ii)	
(iii)	

27.	<b>Please enclose the following</b>
	<ol style="list-style-type: none"><li>1. Birth date certificate</li><li>2. Certificate of Educational Qualifications (As listed under Sr, No. 09)</li><li>3. Work Experience Certificates (As listed under Sr. No. 13)</li><li>4. Other Documents as per serial no. 13 to 22.</li><li>5. Legally valid Cast Certificate, Cast Validity Cert., Non Creamy Layer, EWS Cert. ( As listed sr.no. 06)</li><li>6. Attach the payment receipts of the application.</li><li>7. If other any.</li></ol>

## **28. DECLARATION TO BE SIGNED BY THE CANDIDATE**

I hereby declare that the information given by me in the Application is true, complete and correct to the best of my knowledge and belief and that nothing has been concealed or distorted. If at any time, I am found to have concealed / distorted any information or given any false statement, my application/appointment shall liable to be summarily rejected/terminated without notice or compensation.

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

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

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(Signature of the Applicant)

**Dr. Vasantraodada Patil Shetkari Shikshan Mandal's  
PADMABHOOSHAN VASANTRAODADA PATIL INSTITUTE OF TECHNOLOGY, BUDHGAON (SANGLI)**



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**APPLICATION FORM FOR FACULTY POSITIONS  
(PROFESSOR AND ASSOCIATE PROFESSOR)**

**Acknowledgement**

Received an application from \_\_\_\_\_

for the post of \_\_\_\_\_

Superintendent / Receiving Assistant