



Assistant Professor	Principal	Librarian

Progressive Education Society's

**Modern Law College**

Ganeshkhind, Pune-53

SC	ST	DT(A)	NT(B)	NT(C)	NT(D)	OBC	EWS	OTHER

Please tick the appropriate place

**APPLICATION FOR THE POST OF ASSISTANT PROFESSOR/PRINCIPAL/LIBRARIAN**

To,

Secretary

P.E. Society, Shivaji Nagar, Pune-5

Sir/Madam,

I wish to apply for the post mentioned herein. My particulars are stated below:

1) Name of the applicant (In BLOCK LETTERS)

\_\_\_\_\_

(Surname) (Name) (Middle Name)

2) Name in Devnagari Script: \_\_\_\_\_

3) Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4) Telephone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

5) Date of Birth: \_\_\_\_\_ Male/Female/Other: \_\_\_\_\_

6) Date of passing NET/SET Exam held by UGC: \_\_\_\_\_

7) Whether registered in an employment exchange:

8) If YES, Registration Number: \_\_\_\_\_ Date: \_\_\_\_\_

9) Qualifications:

Examination	University/Board	Year of Passing	Class	Percentage/CGPA
S.S.C.				
H.S.C.				
GRADUATION				
LL.B				
LL.M				
NET/SET				
Ph.D.				
OTHERS				

10) Specialization at Degree Level: \_\_\_\_\_

11) Specialization at Post-Graduation Level: \_\_\_\_\_

12) Special Papers/ Special Merit/ Research Publication: (Attach a separate sheet if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13) Teaching Experience:

Institution	Designation	From	To	No. of Years	Subject Taught

14) Other Activities (Curricular or Extra-Curricular both):

15) API Score in case applying for the post of Principal: \_\_\_\_\_

16) Certified True Copies of the Testimonials attached: (Tick against the certificate DO NOT SEND ORIGINAL CERTIFICATES)

S.S.C. Certificate		Degree Certificate	
Post Graduate Degree Certificate		Caste Certificate & Caste Validity Certificate in case of Reserved	
Teaching Experience Certificate		Ph.D./M.Phil. Certificate	
UGC NET/SET Certificate		Any Other	

**Attach Xerox copies of all the documents referred to:**

**Declaration:**

I declare that the above information is true and correct to the best of my knowledge and belief.

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

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

**Applicant's Signature**

N.B. The Applicant may use extra sheets wherever necessary if the space in the application form is not sufficient or if any other information is to be given.

**FOR OFFICE USE ONLY**

**Secretary/ Co-ordinator**