



**AKHIL BHARTIYA MARATHA SHIKSHAN PARISHAD'S
ANANTRAO PAWAR COLLEGE OF ARCHITECTURE**



S. No.103, Parvati Ramana, Pune - 411009.

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Web.: <http://www.apcoapune.org> Email : abmspcoa@rediffmail.com

APPLICATION FORM (Teaching Staff)

1) Post Applied For: - Professor / Associate Professor/ Assistant Professor

2) Department:- _____

3) Cast:- _____

4) Category: SC/ ST/ SBC/ VJ/ NT1/ NT2/ NT3/ OBC/ OPEN

5) Name in Full (IN BLOCK LETTERS)



Photo

Address for Correspondence: _____

City: _____ Taluka: _____ Dist.: _____ Pin: _____

Telephone No. : _____ Mobile No. _____

Email: _____ Date of Birth: _____

6) Academic qualification: (Enclose Attested Photo Copies of the certificates)

Sr. No.	Name of degree	Name of University /College	Month and Year of Passing	Class Obtained	Marks %
1	PhD				
2	Post Graduate				
3	Graduate				
4	Any Other				

7) Total Teaching Experience in years and months: - _____ Y, _____ M

Total Industrial / Research Experience in years and months: - _____ Y, _____ M

Area of Specialization if any: _____

8) Experience Record: (Enclose Attested Photo Copies of the Experience certificates)

Sr. No.	Name Of College /Institute/Industry	Joining From -To	Position Held	Remark
1				
2				
3				
4				
5				

9) Number of Publication:-

a) Conference _____ National: _____ International _____

b) Journals _____ National: _____ International _____

(Publication in Original to be produced at the time of Interview)

10) Time required for Joining: - _____

11) Achievements /Awards: _____

Any other information relevant to be post: _____

12) Present Salary:- _____ **Expected Salary:-** _____

Please produce all original copies of certificates and documents at the time of interview.
 I hereby certify that the information given above is true, complete and correct to the best of knowledge and belief and if any of the information is found false, I will be personally responsible for the consequences arising thereby.

Place: _____

Signature: _____

Date: _____

Name: _____

FOR OFFICE USE ONLY

Scrutinized by: _____ **Signature:-** _____

COMMITTEE REMARK
