Shri Nagpur Gujarati Mandal's



VMV COMMERCE JMT ARTS & JJP SCIENCE COLLEGE

WARDHAMAN NAGAR, NAGPUR-440 008. ☎: 0712-2764391

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e-mail: vmvnagpur@gmail.com

Affiliated to Rashtrasant Tukadoji Maharaj Nagpur University, Nagpur NAAC RE-ACCREDITED 'B+' GRADE

A Gujarati Linguistic Minority Institution

(Read carefully before start writing)

APPLICATION FOR THE POST OF ASSISTANT PROFESSOR/ PROFESSOR IN MASTER OF COMPUTER APPLICATIONS.

То	The Principal, VMV Commerce JMT A Wardhaman Nagar, Na		College,		Passp	recent ort size aph here			
Ref	erence :- Your Advertisem	ent dtd	appeared in the daily						
	sistant Professor/ Profes	sor in Master of Co	ertisement, I, the undersig	state as follo	ws:-	he post of			
		•	City State e-mail ID :						
3.	Date of Birth : Aadhar No								
4.	Mother Tongue : Languages known (Speak, Read, Write) :								
5. Caste : (Attach a copy of caste certificate)									
6.	Academic Qualifications	Academic Qualifications (from SSC onwards) :-							
	Name of the Examination Passing	Name of the Board/University	Subjects offered (In short)	Marks obtained	Percentage	Division			

Name of the Examination passed	Year of Passing	Name of the Board/University	Subjects offered (In short)	Marks obtained (out of)	Percentage	Division
S.S.C.						
H.S.S.C.						
U.G.						
P.G.						
M. Phil.						
NET						
SET						
Ph.D.						
Any other						

Note:- Please attach Mark sheets of all years/semesters of Graduation and Post Graduation.

7.	Teac	thing Experienc	ce (If any):-							
	Sr. No. Designation	Designation	nation Name of the College/School	Nature of	Nature of Appointment Designation	Salary/Pay drawn	Period of Service		Total Experience	
		Designation		Appointment			From	То	(in Years / Months	
	Note :	- Attach a copy o	f Experience Certificate for ea	ch separately.	l					
8.	An	y other informa	ation (if any) :							
				DECLARATI	ON					
	I, do hereby declare that the aforesaid information submitted by me is true to the best of my knowledge									
	and belief and if found false/incorrect, I shall be rendered disqualified and I shall have no claim for the									
	abo	ove-said post.								
	Pla	ce :	Signature of the Applicant :							
	Dat	te :		Name	of the Appli	cant :				
0	Enc	alacumas :	1		2					
9.	EHC	dosures :-	1 3							
			5							
			7							
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			11							

19. _____

16. _____

20. _____