

Form No.:

**GOKHALE INSTITUTE OF POLITICS AND ECONOMICS**  
(Deemed to be University u/s 3 of the UGC Act, 1956)  
846, Shivajinagar, BMCC Road  
PUNE - 411 004

Paste your recent  
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Telephones: (020) 25650287, 25683300  
Website: www.gipe.ac.in

Fax No. (020) 25652579  
Email: registrar@gipe.ac.in

**Application Form for the post of REGISTRAR (Open)**

1. Application for the post of: \_\_\_\_\_ Advt. No. GIPE-ADVT-MAY 2019

2. Full name in block letters: Dr./Mr./Miss/Mrs. \_\_\_\_\_

3. Address for Correspondence:

Telephone No.: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

4. Permanent Address:

5. Date of Birth: \_\_\_\_\_

6. Educational Qualifications:

Examination	University/ Board	Month & year of passing	Subjects	% of marks obtained	Class/ Division/ Grade awarded
Matriculation/ S.S.C./ S.S.L.C.					
Higher Secondary/ Pre-University					
Bachelor's Degree					
Master's Degree					
Ph.D. Degree					
Others (Specify)					

7. Employment History:

Institution	Positions held	Nature of appointment: Permanent/ Temporary	Period of appointment, with dates

8. Present Employment:

(a) Name and address of the Institution where employed: \_\_\_\_\_

(b) Designation: \_\_\_\_\_

(c) Date of appointment \_\_\_\_\_

(d) Pay Drawn: \_\_\_\_\_

9. Specify whether the candidate is a Person with Disability. If yes, specify the nature and extent of the disability.

10. If selected, what period would you require for joining? \_\_\_\_\_

11. Please give the name, address, E-mail and contact numbers of two referees who can support your application.

I hereby declare that all information furnished in this application and its other enclosures is true, complete and correct to the best of my knowledge. I understand that in the event of any information being found false, incomplete or incorrect, my candidature/appointment is liable to be cancelled/terminated.

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

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

Signature of the Candidate

\_\_\_\_\_  
**To  
The Director  
Gokhale Institute of Politics and Economics  
Pune - 411 004**

Sir

I am forwarding the application of Dr./Mr./Miss/Mrs. \_\_\_\_\_

working in \_\_\_\_\_ as \_\_\_\_\_ with the following remarks:

Yours faithfully,

Date:

(Signature and Stamp)