

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
passport size
photograph here

Telephones: (020) 25683300
Website: www.gipe.ac.in

Email: gokhaleinstitute@gipe.ac.in

Application Form for the post of REGISTRAR (Open)

1. Application for the post of: _____ Advt. No. GIPE/ADVT/APR/2022

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.

1. _____

2. _____

12. Details of payment:

DD Number	Date	Amount (Rs.)	Name of the Bank	Name of the Branch

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 Vice Chancellor
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)