

## MES' NIGHT COLLEGE OF ARTS AND COMMERCE

Karve Road Pune - 411004.

### APPLICATION FORM

#### IMPORTANT INSTRUCTIONS:

01. Download the soft copy of this Application Form, fill-up all requisite information.

02. E-Mail this duly filled-in Application Form as an Attachment to [pbp.imcc@mespune.in](mailto:pbp.imcc@mespune.in) alongwith all necessary scanned documents in pdf formats only

Please DO NOT change the format. Applications NOT in the prescribed format will NOT BE considered.

Post Applied For

Assistant Professor

Name (Beginning with Surname)

Gender

Tel.No. (with STD Code)

Mobile

E-mail Address (if possible, give alternate Email Address, Interview Call Letter will be released to eligible candidates by E-mail Only)

Postal Address

Date of Birth (DD/MM/YYYY) Attach supporting document

Nationality

Cast Category (Attach supporting documents for claiming the same)

Do you belong to category of Physically Handicapped? (if yes, give details along with necessary documents / certificates duly certified by competent authority)

Paste Recent Passport size photograph on the print-out of this Application

Academic Qualifications starting from graduation (Attach supporting documents for claiming the same.):

Particulars	Year fo Passing	Board/University	Percentage of Marks/CGPA	Main Subjects

(Attach separate sheet, if required)

Experience (Attach supporting documents for claiming the same.):

Name of Establishment	Post Held	Period of Experience (In Months)			Nature of work
		From (DD/MM/YY)	To (DD/MM/YY)	Total Exp. in Months (In Digits)	
Total Experience in Months				0	

(Attach separate sheet, if required)

Membership of Professional bodies		
Achievements (Awards, Medals etc.)		
Papers published/presented		
Books published, if any.		
Any other information (Sports, Debate etc.)		
List of Documents to be attached along with printout of this Application Form	Yes / No	
Proof of Date of Birth (Birth Certificate/LC/TC)		
Certificate and Mark Statement of Under Graduate Degree Examination		
Certificate and Mark Statement of Post Graduate Degree Examination		
Certificate of Doctoral Degree Examination		
Experience Certificates		
Teachers' Approval (In Case of Teaching Experience)		
Any Other (Please Specify)		
Place :		
Date :	(Signature of Candidate)	

(For Office use only)

Application is scrutinized as per Norms and Standards. Applicant is considered as **ELIGIBLE / NOT ELIGIBLE**

Date :

SCRUTINY COMMITTEE