

RASHTRASANT TUKADOJI MAHARAJ NAGPUR UNIVERSITY, NAGPUR

(A State University established by Maharashtra Public Universities Act, 2016)



DEPARTMENT OF LIFLONG LEARNING & EXTENSION

Application Form No. ______(For office use only)

Advertisement No.	: RTMNU/DLLE/460	Dated:	23 rd	October,	2023

To

THE DIRECTOR,

Department of Lifelong Learning & Extension, Gurunanak Bhavan, Campus, Square to Ambazari T-Point Road, Nagpur - 440 033 (M.S.) Affix recent passport size photograph with self-attestation

Sub. : Application for the post of 'PROJECT OFFICER' (on contract basis)

Sir,

I hereby submit my application for the post mentioned above with the following details :

APPLICATION FORM

(Please read the general instructions, Terms & conditions before filling the form)

1. Application Fee (Non-Refundable)								
Receipt No.	Date	Amount (Rs.)						

2. Personal Details (In Capital Letters)						
Full Name (Surname First)						
Date of Birth (DD/MM/YY)	Age (In Years) as on 22 nd November, 2023					
Gender (Male/Female/other)	Marital Status					
Nationality	Religion					
Category with Caste (SC/ST/VJ-A/NT(B/C/D)/ OBC/OPEN/PH/EWS/SBC)						
Particulars of Physical Disability, if Applicable						

3. Address							
Addres	s for Co	orrespondence		Perm	anent Addres	S	
Pin Code :				Pin C	Code:		
4. Communicat	tion De	etails					
E-mail ID							
Phone No.							
Mobile No.							
Alternative Mobile	No.						
5. Educational	Qualif	ications(Matriculati	on onw	ard)			Enclosure No.
Name of Exam.	Unive	ersity/Institution	Ye		Percentage	Division/	
/Degree		/Board	of Pa	ssing	of Marks	Class/CGPA	
(Please use an additional	sheet, if re	quired, retaining the above ta	abular forr	nat)			
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Appropriate Box)							
Title of Thesis/	Disser	tation (If Published, give	e details o	ı a separ	rate sheet)		
Ph.D.							
M. Phil.							
P.G.							
Particulars of							
NET/SET/							
SLET/GATE or							
Equivalent							
Exam.							1

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9. /	Additio	nal I	Infor	rmatic	on, if a	any:	(Use sep	arate	sheet,	if neces	ssary)				Enclosure No.
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Enclosure

6. TEACHING EXPERIENCE (if any)

10. TOTAL NO. OF ENCLOSURES ATTACHED:	
I, hereby declare that all information so in its accompaniments is true, complete a knowledge and belief. I accept that in the	and correct to the best of my
found false, incomplete, or incorrect, my ca	
post of PROJECT OFFICER (on contra	<u> </u>
cancelled/terminated at any stage.	
DATE :	
PLACE :	(Signature of Applicant)



RASHTRASANT TUKADOJI MAHARAJ NAGPUR UNIVERSITY, NAGPUR

Statement showing particulars of applicant for the Post of "PROJECT OFFICER" (On Contract basis)

Name & Correspondence	Age /	Category	Aca		Experier	ICE (Yr./Mont	:h/Days)	Publications,	Any other		
Address of the Applicant with Contact No. & E-mail ID	Date of Birth	(Caste)	Degree Awarded	Year of Passing	% / CGPA	Div./ Grade	Teaching	Research	Admn.	if any	Information, if any
1	2	3	4	5	6	7	8	9	10	11	12
										International: Own: Joint: Total:	
										National: Own:	
										Joint : Total :	

I hereby declare that all the entries made by me are true to the best of my knowledge and belief. If anything is found false at any stage, m					
candidature for the post of	may be cancelled without assigning any reason thereof.				
Date :	Signature of Applicant:				
Place :	Name of Applicant :				