



Shri Vyankanath Shikshan Prasarak Mandal's

Shri Yashwantrao Patil Science College Solankur

Tal. Radhanagari, Dist. Kolhapur-416212 (Maharashtra)

Website: www.ypsc.ac.in / Email: ypvmsolankur@gmail.com

Please Paste
here recent
Passport size
photograph
along with
Signature

APPLICATION FORM

Note: The forms should be filled in by the candidate in typewritten/hand written form. It should be complete in all respect and accompanied by attested copies of supporting documents. Incomplete application will not be entertained.

To,
The Chairman,
Shri Vyankanath Shikshan Prasarak Mandal, Solankur
Tal. Radhanagari, Dist. Kolhapur-416212 (Maharashtra)

Subject: Application for the post of
Asst. Professor

Reference: Advertisement in Date/...../ 2026.

I am applying for the above-mentioned post. My educational and other information is as mentioned below.

1) Full Name	Surname	Name	Father/Husband Name
English (In Block Letters)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Marathi:	<input type="text"/>	<input type="text"/>	<input type="text"/>
2) Correspondent Address: City/Village	<input type="text"/>		
Taluka:	<input type="text"/>	District	<input type="text"/>
Pin No:	<input type="text"/>		
3) Gender (Please tick mark ✓):	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
4) Date of Birth:	Date <input type="text"/>	Months <input type="text"/>	Years <input type="text"/>
(Date of Birth In word):	<input type="text"/>		
5) Age as on date:			
Advertisement published: Date	<input type="text"/>	Months <input type="text"/>	Years <input type="text"/>
6) Religion and Caste:	Religion <input type="text"/>	Caste	<input type="text"/>
7) Phone/Mobile No.:	Mob. No. <input type="text"/>	E-mail. <input type="text"/>	
	<input type="text"/>	<input type="text"/>	

8) Educational Information:

Sr. No.	Name of Exam	Name of the Board/University	Year of Passing	% Marks	Class/ Grade
01	SSC				
02	HSC				
03	UG.....				
				
04	PG				
				
05	M. Phil				
06	Ph. D				
07	SET				
08	NET				
09	API (University)				
10					

09) Experience:

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Sr.No	Name & address of University/College/Institute	Designation	Pay Scale with AGP	Period		Experience y/m
				From	To	
1						
2.						
3.						
4.						
5.						

I hereby declare that, the information in application is true, correct and complete to the best of my knowledge and belief and nothing has been concealed distorted. If at, any time, I am found to have concealed distorted any material information, my appointment shall be liable to be summarily cancelled terminated without any notice/compensation.

This is to declare that I have never been found held guilty convicted for any academics is conduct of any offence by the concerned appropriate authority by the Court. Also, no case is pending against me in any court of Law, University or any other educational authority Institution at the time of application (If yes documents to be enclosed)

Place:

Date: / /2026

yours faithfully,

(Name)

Signature of the Candidate

List of documents required to be enclosed (Please tick mark ✓)

- | | | | |
|---|-----------|--------------------------|--------------------------------------|
| 1) No objection Certificate by Present Employer | | Certificate | <input type="checkbox"/> |
| 2) Birth date proof | | Certificate | <input type="checkbox"/> |
| 3) SSC | Mark list | <input type="checkbox"/> | Certificate <input type="checkbox"/> |
| 4) HSC | Mark list | <input type="checkbox"/> | Certificate <input type="checkbox"/> |
| 5) UG Degree: | Mark list | <input type="checkbox"/> | Certificate <input type="checkbox"/> |
| 6) PG Degree | Mark list | <input type="checkbox"/> | Certificate <input type="checkbox"/> |
| 7) M. Phil | Mark list | <input type="checkbox"/> | Certificate <input type="checkbox"/> |
| 8) Ph. D. | Mark list | <input type="checkbox"/> | Certificate <input type="checkbox"/> |
| 9) SET | Mark list | <input type="checkbox"/> | Certificate <input type="checkbox"/> |
| 10) NET | Mark list | <input type="checkbox"/> | Certificate <input type="checkbox"/> |
| 11) API (University) | Mark list | <input type="checkbox"/> | Certificate <input type="checkbox"/> |
| 12) Any other Qualification (if any) | | | |
| a) | Mark list | <input type="checkbox"/> | Certificate <input type="checkbox"/> |
| b) | Mark list | <input type="checkbox"/> | Certificate <input type="checkbox"/> |
| 13) Caste Certificate: | | Certificate | <input type="checkbox"/> |
| 13) Caste Validity Certificate | | Certificate | <input type="checkbox"/> |
| 13) Experience Certificate | | | |
| a) | | Certificate | <input type="checkbox"/> |
| b) | | Certificate | <input type="checkbox"/> |
| 14) Change in Name (in case of name) | | Certificate | <input type="checkbox"/> |

No objection Certificate by Present Employer
(For in-service candidate only)
To be signed and forwarded by the present employer

Forwarded to:

To.

The Chairman,
Shri Vyankanath Shikshan Prasarak Mandal, Solanapur
Tal. Radhanagari, Dist. Kolhapur-416212 (Maharashtra)

The applicant Dr./Shri. /Mrs./Ms.
who has submitted this application for the post of..... in the
Shri Yashwanrao Patil Science College, Solankur, Tal. Radhanagari, Dist. Kolhapur-416212
(Maharashtra) has been working with us on the post of in a
..... temporary/permanent
.....capacity with effect from
..... in the Pay Scale/Pay band of Rs..... with AGP/GP of
Rs. His/her next increment is due on

Further, it is certified that no disciplinary/vigilance case has contemplated or is pending against the said applicant.

There is no objection for his/her application being considered by the **Shri Yashwanrao Patil Science College, Solankur, Tal. Radhanagari, Dist. Kolhapur (Maharashtra)- 416212.**

Place:

Date: / /2026

Signature of the forwarding authority

(Name))

OFFICE SEAL