Rs. 500/-

Shri Aillak Pannalal Digambar Jain Pathashala's

(Jain Religious Minority Institute)

Walchand College of Arts and Science, Solapur

Seth Walchand Hirachand Marg, Ashok Chowk, Solapur – 413006 (Maharashtra State)

(Autonomous College)

APPLICATION FORM

(Candidate must fill this form in his/her own Handwriting)

To
The Principal
Walchand College of Arts and Science,
Solapur

Sub: Application for the post of **Assistant Professor in** _____

Respected Sir,
As per the advertisement published in Daily Newspaper _____, Dated_____,

I, _____ the undersigned, am applying for the Post of **Assistant Professor in** your renowned institution.

A) Applicant's Personal Information:

1) Full Name (Surname First) : _____

Full Name in Devnagari : _____

2) Correspondence Address : _____

: _____

: _____

3) Permanent Address :_____

: _____

: _____

4) Mobile No. :_____E- mail. _____

5) Date of Birth :_____Age:_____Years _____Months

(As on date of Application)

6) Religion and Caste :_____Category:_____

(SC,ST,VJA,NT,OBC,SBC,OPEN,JAIN)

7) Whether Physically Handicapped :Yes/No

(Enclose Photo copies of caste certificate, caste Validity, Non-Creamy Layer certificate, physically handicapped certificate whichever is applicable along with the application)

B) Educational Qualification:

Sr. No.	Examination	Subject	Year of Passing	Marks Obtained	Total out of Marks	Percentage /CGPA	Class	Board/University
1	S.S.C							
2	H.S.C.							
3	B.A./B.Com./B.Sc.							
4	M.A./M.Com./M.Sc.							
5	NET							
6	SET							
7	M. Phil							
8	Ph.D.							
9	Any other							

(Self-attested copies the documents should be attached)

C) Experience:

Sr. No.	Name of Institution	Designation	Nature of Appointment	Period of Appointment	
				From	To

D) Are you the past student of this Education Trust? **YES/NO**

If Yes, Branch Name_____

I, certify that, all the information given by me is true to the best of my knowledge. If wrong, then my candidature may be automatically terminated.

Therefore, I am requesting you to consider my application favorably and oblige. Thanking you,

Yours faithfully

Date:

Place: Signature

(Name: _____)

(Note: Applications with incomplete information will not be considered.)

Table 3 B Score for the Post of Assistant Professor in the Colleges as per the GR dated 31.08.2026

Name of the Candidate _____ Subject: _____

Sr. No.	Academic Records	Score	Self-Appraisal Score	Verified Score
1	**Graduation**	80% & Above = **21**		
		60% to less than 80% = **19**		
		55% to less than 60% = **16**		
		45% to less than 55% = **10**		
2	**Post- Graduation**	80% & Above = **25**		
		60% to less than 80% = **23**		
		55% (50% in case of SC/ST/OBC (non-creamy layer) /PWD) to less than 60% = **20**		
3	**M. Phil.**	60% and above = **07**		
		55%to less than 60% = **05**		
4	**Ph.D.**	= **25**		
	M.Phil. + Ph.D. Maximum - 25 Marks			
5	**NET with JRF**	= **10**		
	NET	= **08**		
	SET	= **05**		
	JRF/NET/SET Maximum - 10 Marks			
6	**Research Publications (2 marks for each research publications published in Peer-Reviewed or UGC-listed Journals) (Max. Marks 06)**			
7	**Teaching Experience (Max. Marks 10)** Teaching / Post Doctoral Experience (2 Marks for one Year) If the period of teaching/post-doctoral experience is less than one year then the marks shall be reduced proportionately.			
8	**Awards – Maximum 03 Marks**			
	International / National Level (Awards given by International Organizations/ Government of India / Government of India recognized National Level Bodies) = **03**			
	State-Level Awards given by State Government = **02**			
	Total = 100			

Date:

Place:

Signature of the Candidate

(Name:_____)

Note:

(A)

(i) M.Phil. + Ph.D. Maximum - 25 Marks

(ii) JRF/NET/SET Maximum - 10 Marks

(iii) In awards category Maximum - 03 Marks

(B) Number of candidates to be called for interview shall be decided by the college.

(C) Academic Score - 84

Research Publications - 06

Teaching Experience - 10

TOTAL - 100

(D) SLET/SET score shall be valid for appointment in respective State Universities/Colleges/institutions only.

Declaration Form
'A' (SeeRule-04)

Shri./Smt./Dr._____Son/ Daughter/ Husband/Wife of

Shri._____aged_____years, resident at_____do hereby declare as follows:

1. That I have filled my application for the post of_____
2. I have_____(Number) living children as on today, out of which no. of children born after 28th March 2005 is ___(Mention dates of Birth, if any).
3. I am aware that if any total number of living children are more than two due to the Children Born after 28th March 2005, I am liable to be disqualified for the same post.

Date:

Place: **Signature of the Applicant**

Office Use Only

The credentials are verified and the candidate is **Eligible / Not Eligible**

Reason for Not Eligible Candidate:

Name & Signature Member Scrutiny Committee	Name & Signature Member Scrutiny Committee	Name & Signature Chairmen Scrutiny Committee