



NAAC Accredited-2015
'B' Grade (CGPA 2.62)

SOLAPUR UNIVERSITY, SOLAPUR

(Under Maharashtra Public Universities Act, 2016)

Phone No. 0217-2744770, E-Mail id : registrar@sus.ac.in

Solapur University invites applications in the prescribed proforma from the eligible candidates for the following **Posts on Purely Temporary Basis of Fixed Tenure for a Lien Period Vacancy**

Sr.No.	Name of the Post	No.of Post	Category
01	University Engineer (Lien Period Post)	ONE	UNRESERVED

Duly completed application form alongwith self-attested copies of all enclosures, in Ten Copies shall be sent to the Registrar, Solapur University, Solapur – 413255 so as to reach on or before **20 /01 /2018**.

Further details can be downloaded from the University website <http://su.digitaluniversity.ac> link of Employment Opportunities. The same is also available on Govt. of Maharashtra website www.maharashtra.gov.in

Advt. No.: SUS/Estt/2017/10
Date : 19/12/2017

sd/-
(Dr. G. R. Manza)
Registrar

University Engineer	
Number of Post	ONE (For Lien Period Post)
Category	OPEN
Pay Scale	Rs.15600-39100/- with Grade Pay of Rs.6600/- Other usual allowances and benefits as admissible under Maharashtra Public Universities Act, 2016. As per Government of Maharashtra rules in force from time to time.
Tenure of Appointment	During Lien Period (till the Completion of Lien period or University Engineer returns back to his original post)
Qualifications & Experience	i) Bachelor degree (Civil Engineering) of any statutory University
	ii) Minimum Five years experience in the field of construction in Government and semi Government Organization.
	Proficiency in Marathi and English Languages.
	Desirable : - Knowledge & experience in Building constructions, Gov. approval process for Building constructions, and other relating works will be preferred
Age	Not below 30 years Not above 40 years.

GENERAL INSTRUCTIONS, TERMS & CONDITIONS :

1. Candidates must read all the instructions before filling the application form in a prescribed format of Application (***to be downloaded by candidate***) which is available on the University website <http://su.digitaluniversity.ac> Candidates must ensure that no column is wrongly filled in Application form as the information furnished therein would be used for deciding the eligibility and suitability of the candidates for being called for the interview. Applications not filled in correctly, incomplete or as per the instructions are liable to be rejected and the responsibility of such rejection would be on the candidate himself/herself.
2. Application made on plain paper shall not be entertained under any circumstances, whatsoever. Also, applications received by E-mail & Fax shall not be entertained.
3. Self-attested copies of the certificates should be attached in support of information given in the form where necessary and serial No. of enclosure attached should be indicated in the respective column given in the form. Any information contained in the attached certificates shall not be considered unless it is claimed in the application form.
4. Do not attach any original document with the application.
5. Knowledge of Marathi Language is essential.
6. Qualification, Experience & all other eligibility conditions should be fulfilled as on the last date of application.
7. The Experience of Contract, Daily wages, Temporary, Ad-hoc basis will not be considered as experience.
8. Applications not filled correctly or as per the instructions are liable to be rejected.
9. Applicant must write name of the post, his/her name and full address on the back of the Demand Draft without fail.
10. Paste (do not staple/pin) a passport size colour photograph in the space provided on the right top portion of the application duly attested by the applicant.
11. Please obtain the endorsement of your present employer on the page enclosed in the application form (in case the applicant is in service). This is mandatory.

12. A crossed Demand Draft of Rs. 500/- for OPEN category or Rs. 300/- for BACKWARD CLASS categories drawn in favour of **"FINANCE & ACCOUNTS OFFICER", SOLAPUR UNIVERSITY, SOLAPUR** should be sent alongwith the application form towards Registration Fee (Non-refundable). The Demand Draft must be placed/tagged at the top of the application.
13. Canvassing in any form throughout the Selection Process will be a disqualification.
14. The right to fill or not to fill the posts or to modify/alter/cancel the advertisement is reserved by the University.
15. All disputes arising out of this advertisement are subject to SOLAPUR jurisdiction.
16. Applicants shall not be entitled for any TA/DA towards attending the interview.
17. Selection will be made on the basis of candidate's previous record and performance during his/her interview. The University may also utilize seminar/colloquium and/or any other mode as a method of selection.
18. The University shall not be held responsible for postponement or cancellation of scheduled interview for any unforeseen/unavoidable reasons.
19. Application form of in-service candidate must be signed and forwarded by his/her present employer. However, in case of an "anticipated delay" an applicant may submit the advance copy of his/her application along with the original Demand Draft. In the event of applications duly forwarded by the employer not reaching the Registrar within the stipulated time, the applicant concerned shall be required to furnish a "No Objection Certificate" from his/her employer, at the time of interview, in the absence of which he/she shall not be entitled to appear for the interview.
20. Applicants are advised to submit the applications to the University well in advance, without waiting till the last date, to avoid postal delay or any other unforeseen problems. The University will not be responsible for any postal delay at any stage.
21. Application received after the prescribed last date will be rejected and no personal communication in this regard will be made with the candidate.
22. No correspondence will be made with applicants who are not short-listed / not called for interview.

23. The set of Eight copies of the prescribed application form either handwritten or neatly typed, alongwith the clear and legible self-attested copies (not originals) of all relevant certificates/publications/pre-prints /reprints etc.in proof of all information (date of birth, qualifications, experience, publications, etc.) shall be submitted on or before the last date. 'Enclosure Sr.No._____ ' (as mentioned/filled in the application) shall be written at the right top corner of each copy of the certificate/document enclosed with the application.
24. The prescribed application form, complete in all respect, shall be submitted in a cloth lined envelope, writing at the center of the envelope the name of the post to the **“The Registrar, Solapur University, Solapur Pune Highway, Kegaon, Solapur - 413 255 (M.S.), India”** on or before 20-01-2018.

Advt. No.: SUS/Estt/2017/10
Date : 19 /12 /2017

**REGISTRAR
SOLAPUR UNIVERSITY,
SOLAPUR**



NAAC Accredited-2015
'B' Grade (CGPA 2.62)

SOLAPUR UNIVERSITY, SOLAPUR
APPLICATION FORM FOR THE POST OF UNIVERSITY ENGINEER (On Lien Basis)

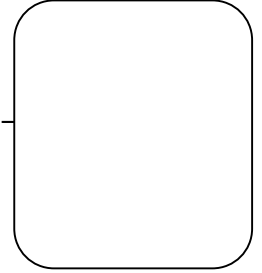
Advt. No. SUS/Estt/2017/10

Dated –19/12/2017

D.D. to be enclosed for Open Category Rs.500 and Reserved Category Rs.300

D.D. No. _____ dated _____

Name of the Bank and Branch : _____



To,
The Registrar,
Solapur University,
Kegaon, Solapur - 413 255.

Sub. : Application for the post of University Engineer (On Lien Basis)

Sir,

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

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

1. Application Fee (Non-Refundable)				
Demand Draft No.	Date	Amount (Rs.)	Name of the Bank	Branch Name

2. Personal Details (In Capital Letters)				Enclosure No.
Full Name (Surname First)				
Date of Birth (DD/MM/YY)		Age (In Years) as on 30/12/ 2017		
Gender (Male/Female)		Marital Status		
Nationality		Religion		
Category with Caste (SC/ST/VJ-A/NT(B/C/D)/ OBC/OPEN/PH, etc.)				
Particulars of Physical Disability, if Applicable				

3. Address

Address for Correspondence	Permanent Address

4. Communication Details

E-mail ID	
Phone No.	
Mobile No.	

5. Educational Qualifications (Matriculation onward)

					Enclosure No.
Name of Exam. /Degree	University /Institution /Board	Year of Passing	Percentage of Marks	Division/ Class/ CGPA	

(Please use an additional sheet, if required, retaining the above tabular format)

6. Present Position

						Enclosure No.
Designation	University/ Institution	From Date	Basic Pay	Pay Scale/ Pay Band	Gross Pay/ Total Salary p.m.	

Total Experience : [____ Y (Years)] [____ M (Months)] [____ D (Days)]

Special contribution, if any :

.....

.....

.....

.....

.....

.....

.....

(Enclose additional sheet, if required, in the same format)

11. Administrative Experience

**Enclosure
No.**

Post Held	Basic Pay & Pay Band with A.G.P.	Field / Area	Period		Administrative Experience		
			From	To	Y	M	D

Total Administrative Experience : [___ Y (Years)] [___ M (Months)] [___ D (Days)]

Special contribution, if any :

.....

.....

.....

.....

.....

(Enclose additional sheet, if required, in the same format)

12. Experience of establishment of an Enterprise/Industry if any	Enclosure No.
<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Enclose additional sheet, if required in the same format)</p>	

16. Academic Distinctions (Award/Scholarship/Rank, etc.) : (Enclose additional sheet, if required, in the same format)		Enclosure No.
(i)		
(ii)		
(iii)		
(iv)		
(v)		
(vi)		

18. Competence in Computer Applications :	Enclosure No.
<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	

19. Additional Information, if any : <i>(Use separate sheet, if necessary)</i>	Enclosure No.

20. Name and Postal Address of Two Referees :	
Referee 1	Referee 2
E-mail ID :	E-mail ID :
Mobile No. :	Mobile No. :

21. Total No. of Enclosures attached : _____

DATE : _____

PLACE: _____

(Signature of Applicant)

DECLARATION - I

I, hereby, declare that, all information submitted in this application and in its accompaniments is true, complete and correct to the best of my knowledge and belief. I accept that in the event of any information being found false, incomplete, or incorrect, my candidature/appointment for the post of _____ is liable to be cancelled/terminated at any stage. I further understand that no cognizance shall be taken of any request for withdrawal of my application. I have read carefully all instructions given in the Employment Notice No. _____ Dated _____ on the website of the University.

DATE: _____

PLACE: _____

(Signature of Applicant)

DECLARATION- II

I, Dr./Shri/Mrs./Ms.
, Son/Daughter/Husband/Wife of Dr./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 number of children born after 28th March, 2005 is/are _____
_____ (Mention dates of Birth, if any.)
3. I am aware that if total number of living children are more than two, due to the children born after 28th March, 2006, I am liable to be disqualified for the same post.

DATE : _____

PLACE : _____

(Name & Signature of Applicant)

ENDORSEMENT BY THE EMPLOYER

(For in-service candidates only)

To be signed and forwarded by the present employer

Forwarded to :

**The Registrar,
Solapur University,
Solapur – Pune National Highway,
Kegaon, Solapur-413255**

The applicant Dr./Shri/Mrs./Ms. _____,
who has submitted this application for the post of _____
_____ in the Solapur University, Solapur has
been working in _____ on the post
of _____ in a permanent
capacity with effect from _____ in the Scale of Pay
/Pay Band of Rs. _____ with Grade Pay of Rs. _____.
His/her next increment is due on _____.

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

There is no objection for his/her application being considered by the Solapur University, Solapur.

Signature of the forwarding authority

Name : _____

Designation : _____

Place : : _____

Date : _____ Office Seal

