

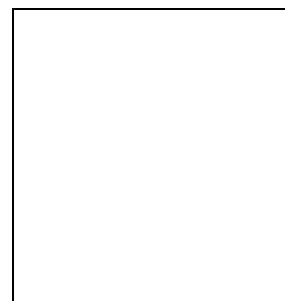
Application Form Fees : Rs. 500/-

PRIN. K.M. KUNDNANI COLLEGE OF PHARMACY, CUFFE PARADE, MUMBAI

APPLICATION FOR EMPLOYMENT (TEACHING STAFF) (2024-2025)

POST APPLIED FOR : _____

To,
Prin. K.M. Kundnani College of Pharmacy
Plot No. 23, Jote Joy Building,
Rambhau Salgoankar Marg,
Cuffe Parade, Mumbai – 400005



1. Name in full Mr./Mrs./Miss

(IN BLOCK LETTERS) (Surname) (First Name) (Father's / Husband's Name)

Maiden Name (for female)

(with Marriage certificate/change of name document)

2. Postal Address in full : _____

(IN BLOCK LETTERS) _____

PIN CODE NO. _____

3. Telephone No. (Office) : _____ (Resi.) : _____

Mobile No.: _____ Email Id : _____

4. Personal Details :

Date of Birth : _____ Age as on the day of advertisement : _____

Nationality : _____ Male/ Female/ Other : _____

Married / Single : _____ No. of children if any : _____

Religion : _____ Caste : _____

Mother tongue: _____ Language known : _____

Registration No. given by the Employment exchange, if registered with them _____

5. Education qualification beginning with H.S.C. or equivalent Examination :

Examination passed	Class	Percentage	Year of passing	Name of Board / University	Subject/s of Specialization

6. Teaching Experience

Name of Institution	Designation (if full time/ part-time or visiting, mention of same be made)	Subject taught specifying level (i.e. Jr. College/ Graduate/Post Graduate level etc.)	Period	
			From	To

7. Any other Experience

Name of Organization	Designation	Nature of Work	Period	
			From	To

8. Please give below the title of Thesis/Dissertation approved/submitted for M.Pharm., Ph.D., etc. and name of the Guide

Title of Thesis/Dissertation	Name of the Guide	Name of Board / University	Year of approval/submission

9. Publications (Attach Annexure)

Sr. No.	Name of Author/s	Publication	Impact Factor	Year

(a) Articles : _____

(b) Research Papers : i) National _____ ii) International _____

(c) Books etc. : _____ (d) Patent File and granted _____

(e) No. Student guided : M.Pharm : _____ Ph.D. _____

10. PRESENT POSITION :

(a) Name of the institution or _____
organization where working _____

(b) Designation : _____

(c) Nature of appointment : _____

(Temporary / Permanent / Part-time/ Full-time)

(d) Date of appointment : _____

(e) Date of Confirmation : _____

(f) University Approval (letter no. & date) _____

(g) Directorate of Technical Education Approval (letter no. & date) _____

(f)Salary (Attach last pay certificate, if any)

Present Salary Scale/Pay Band with AGP :

Present Basic Salary Rs. _____ Grade pay : - Rs. _____

Dearness Allowance Rs. _____ Housing Allowance Rs. _____

Other Allowance Rs. _____ Gross Salary Rs. _____

11..Name and address of two persons other than relatives, to whom reference can be made about work and character of the applicant .

1) Name, Address & Contact No. :

2) Name, Address & Contact No.

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 is liable to be cancelled / terminated at any stage

Date :

Signature of the applicant
(Name : _____)

Forwarded through (if applicable by current organization)

I, _____ (Name & Designation)
hereby forward the application of _____ (Name
of Applicant) for the post of Assistant Professor Unaided Self Finance Section for Prin.K.M.
Kundnani College of Pharmacy, Mumbai.

Date :

Place :

Seal

Signature & Stamp

You are required to bring with you the following original documents and Xerox copy of the same:

1. Proof of date of birth
2. B.Pharm. marksheet
3. B.Pharm. degree certificate
4. M.Pharm. marksheet
5. M.Pharm. degree certificate
6. Ph.D. degree certificate, if any
7. No Objection Certificate from employer, if employed
8. Experience certificate
9. University and DTE approval letters wherever applicable.
10. List of publications with first page of publication of last five years.
11. Photocopy of the first page of thesis submitted for M.Pharm and Ph.D. Degree.
12. Change of name document wherever applicable.
13. Declaration of small family form 'A' as per attached format .
14. Maharashtra State Pharmacy Council Registration Certificate .
15. Guide approval letter and list of student guided M.Pharm/ Ph.D. (If applicable)
16. MHCET Certificate (If qualified submit the document)

DECLARATION OF SMALL FAMILY
FORM - 'A'

1. Shri./Smt./Kum. _____ son/
daughter/wife of Shri. _____
aged _____ years, resident of _____
_____ District : _____

City : _____ do hereby declared 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) Date of Birth of children who born after 28th March, 2005.

3) I am aware that, if any total No. 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.

Place : _____

Date : _____

Name & Signature of the candidate :