FORMAT OF APPLICATION FOR THE POST OF PRINCIPAL/PROFESSOR /ASSOCIATE PROFESSOR /ASSISTANT PROFESSOR

THE INDIAN PHARMACEUTICAL ASSOCIATION-MAHARASHTRA STATE BRANCH'S BOMBAY COLLEGE OF PHARMACY KALINA, MUMBAI 400098

Application for the post of Principal/Professor/Associate Professor/Assistant Professor	Photo (Applicant should affix a passport sized recent photograph here)
GENERAL INFORMATION:	
Full name of the applicant (Surname, Name and Middle name/father's name)	
Date of Birth (in DD/MM/YYYY) format	
Present post	
Designation and Grade:	
Date from which Held:	
Name of the Organization:	
Address for communication:	
E-mail Id:	
Telephone numbers for contact	
Office:	
Residence:	
Mobile:	
The Indian language the applicant is able to speak fluently and read	
Knowledge of Marathi Language (Read/Write/Speak)	
Whether there is any case pending against you in any court of law and whether you have been convicted by a Court of Law for any offence? If so, give details thereof.	
Please enclose: No Objection Certificate for application from the parent department / organization / Institution as per Annexure-I	

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Acad	rience of working on the Statutory A emic Council, Management Counci / NAAC etc.				
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Mem	bership of Technical Societies:				
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Any	Other Information:		I		
Skills	and Competencies:				
Laad	ership Skills- Proven record				
1	Ability to motivate a diverse group	of stake holders			
	v 8				
2	Desire to further the mission and g	oals of the organization			
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3	Ability to think strategically and in	movauvery and to mainta	ın a proad	perspective	t .
4	Ability to lead by personal example of the same	e with openness to new ide	eas and a co	onsultative	approach in implementation
5	Understanding NEP2020 and its in	plementation plan for the	e institute.		
-		1 Promise Prom			

REF	REFERENCES (Attach minimum three (3) Reference letters)				
SN	Name	Designation	Address, mobile and email		
1					
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I certify that	the information	given above	is true to the	best of my	knowledge.
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Date: SIGNATURE OF APPLICANT

Annexure-I

No Objection Certificate from the parent department/organi	zation/Institution and, A certificate from the
parent Department/ Organization/ Institution to the effect t	hat no departmental enquiry is proposed or
pending against you.	

Ref:	Date:
	No Objection Certificate
Th	nis is to certify that Mr /Ms / Drjoined this
ins	stitute/organization as in Department on
_	,
1.	His/Her date of appointment to the present post asis
2.	He/She is permitted to apply to the post of,
3.	He/She bears a good moral and character.
4.	It is also certified that there is no Disciplinary/Vigilance, or any other case is pending or
	contemplated against,and his/her integrity is beyond doubt.
5.	No major/minor penalties have been imposed on him/her during his/her Service.
6.	It is certified that in the event of selection ofhe/she will be
	relieved of his/her duties in this office.
	Signature: Designation of the Authority:
	Name of organization:
	(Seal of the Organization)