

Form No.:



**GOKHALE INSTITUTE OF POLITICS AND ECONOMICS**

(Deemed to be University u/s 3 of the UGC Act, 1956)

846, Shivajinagar, BMCC Road

**PUNE - 411 004**

Paste your recent  
passport size  
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Telephones: (020) 25683300

Website: www.gipe.ac.in

Email: gokhaleinstitute@gipe.ac.in

**Application Form for the Post of HOSTEL WARDEN (FEMALE)**  
(Open) (Contractual)

1. Application for the post of: \_\_\_\_\_

2. Full name in block letters: Dr./Mr./Miss/Mrs. \_\_\_\_\_

3. Address for Correspondence: \_\_\_\_\_

\_\_\_\_\_

Telephone No.: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

4. Permanent Address: \_\_\_\_\_

\_\_\_\_\_

5. Date of Birth: \_\_\_\_\_ age as on the date of Advt.: \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days

6. Educational Qualifications:

Examination	University/ Board	Month & Year of passing	Subjects	% of marks obtained	Class/ Division/ Grade awarded
Matriculation/S.S.C.					
H. S. C.					
Bachelor's Degree					
Master's Degree					
Ph.D. Degree					
Others (Specify)					

7. Family Details:

Name	Relation	Age	Qualification

8. Employment History: (attach separate sheet if required)

Institution	Positions held	Nature of appointment: Permanent/Temporary	Period of Appointment	
			From	To

8. Present Employment:

a) Name and address of the Institution: \_\_\_\_\_

b) Designation: \_\_\_\_\_ c) Date of appointment: \_\_\_\_\_

d) Pay and allowances drawn: **Pay Level:** \_\_\_\_\_

Basic Pay Rs. \_\_\_\_\_

Dearness Allowance Rs. \_\_\_\_\_

House Rent Allowance Rs. \_\_\_\_\_

Compensatory Local Allowance Rs. \_\_\_\_\_

Transport Allowance Rs. \_\_\_\_\_

Other allowances (specify) Rs. \_\_\_\_\_

**Total** **Rs.** \_\_\_\_\_

9. Specify whether the candidate is a Person with Disability. If yes, specify the nature and extent of the disability.

\_\_\_\_\_

10. If selected, what period would you require for joining? \_\_\_\_\_

11. Please give the name, address, E-mail and contact numbers of two referees in support of your application.

Name	Address	Contact Number	Email

12. Details of payment:

DD Number / RTGS/NEFT	Date	Amount (Rs.)	Name of the Bank	Name of the Branch

*I hereby declare that all information furnished in this application and its other enclosures is true, complete and correct to the best of my knowledge. I understand that in the event of any information being found false/incomplete/incorrect or misleading, my candidature/appointment is liable to be cancelled/terminated at any stage including during service.*

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of the Candidate

*(Only for already in service)*

**To  
The Registrar  
Gokhale Institute of Politics and Economics  
Pune - 411 004**

Sir

I am forwarding the application of Dr./Mr./Miss/Mrs. \_\_\_\_\_

working in \_\_\_\_\_ as \_\_\_\_\_ with the following

remarks: \_\_\_\_\_.

Yours faithfully,

Date: \_\_\_\_\_

Place: \_\_\_\_\_

(Signature and Stamp)