S. P. Mandali's
Prin. N. G. Naralkar Institute
Of Career Development & Research
MBA Programme
(Approved by AICTE and Affiliated to SPPU) DTE Code: MB 6966 Choice Code: 696610110
Shikshan Prasarak Mandali, Pune
Established - 1888
Email : recruitment@spm.education

Form No.

To,
The Secretary,
Shikshana Prasaraka Mandali,
Pune – 411 030.

Please paste your recent photograph here

Subject : Application For the Post of Associate / Assistant Professor for MBA Programme – Academic Year 2026-27.

Sir / Madam,

In response to your advertisement in _____ dated _____, I would like to apply for the post mentioned above. I am pleased to submit the following information.

1. Full Name (Capital Letters) : _____
   (Surname) (First Name) (Middle Name)
2. Address : _____
   _____
   _____
3. Telephone No. : (Residence)_____(Office)_____
   Mobile _____ WhatsApp No.: _____
4. E-mail : _____
5. Date of Birth : _____
   (Day) (Month) (Year)
6. Place of Birth : _____
   (City) (District) (State)
7. PAN Number : _____

8. AADHAR : Number _____

9. Mother Tongue : _____

10. Sex : Male ☐ Female ☐ Other _____

11. Marital Status : Single ☐ Married ☐

12. Caste : SC / ST / VJ / DT/NT (A) (B) (C) (D) / OBC / SBC/OPEN /EWS

(If "Yes", please attach the copy of Caste Certificate & Caste Validity Certificate)

Sub Caste : …….. Religion ……

13. Whether employed at the time of application : Yes ☐ No ☐

11. Educational Qualifications :

Name of the Examination	**Name of Degree**	**Name of the Examining Body**	**Month & Year of passing**	**% of Marks**	**Class Obtained**
H. S.C.					
Graduation (BA/B.Com/BE/..)					
Post Graduation (M.com./MBA/)					
M.Phil./Ph.D.					
Any other Qualification					

Please attach attested Photocopies of mark-list and Certificates.

12. Teaching Experience :

Name & Address of the College / Institute where employed	**Name of University to which College / Institute is affiliated**	**Post held in the College / Institute**	**Nature of appointment**	**Period**	**University Approval Details**

Please attach Photocopy of Experience Certificates & Approvals of University.

13. Corporate Experience (if any) :

Name of the Company	Designation	Department	Period

14. Ph.D. Details :

Title of Thesis	Name of University	Year of Registration	Year of Submission	Year of Award

15. Papers Published in UGC CARE listed /SCOPUS / ABDC Journals :
(Attach separate sheet, if necessary)

Sr. No.	Title of the Paper	Journal Category (UGC CARE listed /SCOPUS / ABDC Journals, etc)	Month & Year of Publication	Volume, Issue No.	Name of the Journal	UGC Approval Gen. No.	ISSN No. & Impact Factor

16. Books, Manuals Published or Edited : (Attach separate sheet, if necessary)

Particulars	Published	Edited	Name of Publisher

17. Research Schemes / Projects :

Project	Funding Agency	Fund	Date of Starting Date of Ending	Work as Principal / Co-investigator

18. Current Research Work : (Attach separate sheet, if necessary)

_____

_____

19. Extension Work carried out : (Attach separate sheet, if necessary)

_____

_____

20. Co-curricular activity conducted (Attach separate sheet, if necessary)

_____

_____

21. References :

[1] _____

_____

_____

[2] _____

_____

_____

I declare that the information given above is true to the best of my knowledge.

PLACE :

DATE : **SIGNATURE OF APPLICANT**

- **Please submit the Application in sealed envelope to the following address –**

  The Secretary, Shikshana Prasaraka Mandali, Sharada Sabhagriha, S.P.College Campus, Pune 411 030

- **Incomplete application form will not be entertained**