



MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
VANI ROAD, MHASRUL, NASHIK- 422 004.

ADVERTISEMENT NO. 02/2021

Applications in the prescribed format are invited from the eligible candidates, on or before **01/10/2021**, for filling up the following post for the tenure of Five Years.

Sr. No.	Name of Post	No. of Posts	Pay As per 7 th Pay Scale	Tenure of appointment
1	Controller of Examinations	1(Isolated)	S-29 : 131100- 216600	* 05 years

* Shall be eligible for reappointment as per rules.

POST : Controller of Examinations

Qualification:

Master's Degree of any statutory University with at least 55% marks OR its equivalent grade of B in the U.G.C. 7 point scale;

OR

Master's Degree of any statutory University in Health Science;

Experience:

15 years of teaching experience as Lecture / Assistant Professor and above out of which 8 years of serviced as a Reader / Associate Professor and above, along with experience in educational administration ;

OR

Comparable experience in research establishment and / or other institution of higher education ;

OR

15 years administrative experience, of which 08 years shall be as Deputy Registrar or of an equivalent post ;

Age Limit:

- Candidate shall not be less than 45 years of age. However, the age limit shall not be applicable to those candidates who are already in the service of Government, Universities, Affiliated Colleges or recognized institutions.
- The age of superannuation for the person appointed on this post shall be as per the age of superannuation applicable to his substantive appointment, as prescribed by the Government from time to time.

Note:

It is Desirable that, candidate who has been selected on the said post, should get complete tenure prescribed for this post. Hence preference shall be given to those candidates, whose remaining tenure of service, till age of retirement, shall be minimum five year.

GENERAL CONDITIONS AND IMPORTANT INSTRUCTIONS

Advertisement No.02/2021

- 1) Application should be submitted in the prescribed format along with Demand Draft (Non-Refundable) of Rs. 500/- for Open category candidates and Rs. 300/- for Reserve category candidates. Demand Draft must be drawn only from Nationalized Banks, in favour of the Registrar, Maharashtra University of Health Sciences, Nashik payable at Nashik.
- 2) It is mandatory for the candidates to submit their application along with duly self-attested copies of certificates as mentioned below:
 - a) Date of Birth / Proof of Age
 - b) S.S.C. passing Certificate
 - c) Domicile Certificate
 - d) Caste Certificate and Caste Validity Certificate, if applicable
 - e) Non-Creamy Layer Certificate, if applicable
 - f) Declaration of Small Family
 - g) Educational qualification documents
 - h) Computer literacy Certificate (MS-CIT), any other Certificate as per Govt. Rules.
 - i) Experience Certificate
 - j) Proof for change in name, if applicable
 - k) Self-Declaration for self-attestation
 - l) No Objection Certificate issued by the Competent Appointing Authority
 - m) No Enquiry pending Certificate
- 3) Complete application duly signed by the candidate should be sent to **The Registrar, Maharashtra University of Health Sciences, Vani Road, Mhasrul, Nashik – 422004** so as to reach **on or before 01/10/2021**. Applications received by the University after last date of submission will be rejected. University will not be held responsible for any postal delay. No correspondence will be entertained by the University in this regard.
- 4) Envelope should be superscripted as "Application for **Controller of Examinations** post, Advertisement No. **02/2021**."
- 5) A recent passport size photograph duly self-attested should be affixed on the application.
- 6) Incomplete applications/ applications which are not in conformity with the requirements indicated or which are not in the prescribed format, overwriting / erased applications or application without processing fees shall not be considered.
- 7) The applications received through E-MAIL will not be considered.
- 8) It is mandatory for the candidates, who are already in the service, to send their application through proper channel. They shall, however, send advance copy of the application along with enclosures and fees before cutoff date.
- 9) It is mandatory to produce all original required documents with Photo identity proof (Aadhar/ PAN card) at the time of interview for verification, for all eligible candidates.
- 10) It is mandatory for the candidates, who are in the Govt. service, to produce No Objection Certificate issued by the Competent Appointing Authority of the State Government not less than rank of the Director stating deputation shall be granted for a period of 5 years & it shall be in conformity with the State Govt. शासन निर्णय क्र. एसआव्ही-२०११/प्र.क्र.१३७/ कार्यासन १२ दि.१७/१२/२०१६
- 11) Certificate from the Head of Institution or the Competent Authority stating that no enquiry is pending against the applied candidate.
- 12) Non-compliance of instructions of Sr. No. 9, 10 & 11 wherever applicable, shall disqualify the candidate.
- 13) Any relaxation entitled to Reserved Category candidates as per Govt. rules will be admissible.
- 14) The principle of Creamy Layer is applicable to all categories (except Open, Scheduled Caste and Scheduled Tribes) i.e. V.J.(A), N.T. (B), N.T.(C), N.T.(D), S.B.C., O.B.C. and women as per the orders regarding the implementation of the said provisions issued by the Government vide Circular of Social Justice, Cultural Affairs and Special Assistance Department No. CBC-10/2006/PK- 15/BCC--5 dated 5th June, 2006. Candidates belong to said categories are required to submit appropriate Caste Certificate and Non-Creamy Layer Certificate accordingly.

- 15) The candidates belonging to VJ(A), NT(B), NT(C), NT(D), OBC, SBC and Women Reservation categories must have to submit valid Non-Creamy Layer Certificate issued by the Competent Authority, failing to which the benefits of Reservation will not be applicable.
- 16) Benefit of reservation to reserve category candidates will be given to the candidates, who are Domicile of State of Maharashtra only. In such cases, applicants shall submit Domicile Certificate of the State of Maharashtra.
- 17) Age of applicants will be determined with reference to the last date of receipt of application notified by the University.
- 18) Candidate shall have to submit Certificate of knowledge of Computer Operation, obtained from the institute recognized by the Government within the period of 2 years from the date of joining the service.
- 19) Proficiency in Marathi and Hindi shall be essential. If the candidate is not having language proficiency he shall have to pass the necessary language examinations as per Government Rules.
- 20) It is mandatory to provide the small family declaration certificate in the prescribed form "Form -A" appended to the application form;
- 21) On verification, if it is found that the information received from an applicant is found incorrect / faulty / misleading and / or is based on faulty / forged certificates shall be liable for legal action and the selection shall be immediately cancelled at any stage.
- 22) Mere fulfilling of requirement as laid down in the advertisement does not qualify a candidate for short-listing / interview.
- 23) The University may adopt appropriate method for short- listing of candidates depending upon number of applications received.
- 24) Weightage will be given to the persons who have experience of working in the Health Sciences Universities.
- 25) Applicants shall attend any test/interview at their own cost.
- 26) The Selection Committee, after interviewing and adjudging the merit of each candidate, may not recommend any name for appointment or for waiting list, without assigning any reason, if it thinks that no candidate is suitable for appointment or to put in waiting list;
- 27) The appointment shall be conditional subject to production of medical fitness certificate and antecedent report and the caste validity certificate, wherever applicable;
- 28) The services of the selected candidates shall be governed by the provisions of Act, the Statutes, Ordinances and Regulations promulgated by the University, there under, and terms and conditions as laid down by the University and Government from time to time.
- 29) It will be solely at the discretion of the University to fill up vacant post(s).
- 30) Any sort of canvassing directly or indirectly will be treated as disqualification and the application of such candidate shall be rejected at any stage.
- 31) If any issue arises in this respect, it shall be fully and finally dealt and decided by the Hon'ble Vice-Chancellor.
- 32) The University reserves the right to cancel, amend or modify any clause of this advertisement.



**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES,
NASHIK**

APPLICATION FORM

Application Fee

Open Category : Rs.500/-

Reserve Category:Rs.300/-

Name of Bank:

D. D. No.

Dated:

Paste recent Passport
Size photo duly self
attested

Advertisement No. 02/2021

Post applied for : Controller of Examinations

- 1) **Name :** _____
(In Capital letters) Surname First Name Father's / Husband's Name
Name in Devnagari : _____
आडनाव नाव वडिलांचे / पतीचे नाव
- 2) **Address for Correspondence :** _____

Pin Code _____
- Permanent Address :** _____

Pin Code _____
- 3) **Contact Tel. Nos. : STD code** _____ **(Res.)** _____ **(Off.)** _____
E-mail ID _____ **Mobile No.** _____
- 4) **Date of Birth :** _____ (in words) _____
- 5) **Age as on (01/10/2021):** _____
(Please furnish self-attested copy of S.S.C. Certificate /School leaving Certificate etc.)
- 6) **Whether Domicile of Maharashtra State : Yes** **/ No**
(if yes, attach self-attested documentary proof)
- 7) **Nationality :** _____ 8) **Religion :** _____
- 9) **Caste :** _____ 10) **Category :** _____
(Please attach documentary proof.)
- 11) **Sex :** Male / Female
- 12) **Marital Status: Married** / **Unmarried**

13) Whether the parent establishment agreed to grant Lien in case of selection on the post :
Yes / No

14) Whether any Enquiry is pending : Yes / No

15) Educational Qualifications:
(Mandatory to attach all necessary copies of self-attested documents)

Sr. No.	Examination Passed	Name of Board / University	Year of Passing	Subjects Taken	Percentage of Marks obtained	Grade
1						
2						
3						
4						
5						

16) Computer Literacy (MS-CIT, etc.) : Yes / No

17) Experience : (Mandatory to attach all necessary copies of self-attested documents)
(Attach self-attested copies of University approval letters)

Sr. No.	Name of the Institution	Post held	Period			Pay Band & Grade pay	Reason for leaving services (if any)
			From	To	Total Period		
1							
2							
3							
4							

18) Any other information, which you would like to provide : _____
(Please attach separate sheet if necessary)

: Declaration :

It is hereby declared that above information is correct and complete to the best of my knowledge and belief and nothing has been concealed / distorted. If at any time I am found to have concealed / distorted any material information, my appointment shall be liable to be summarily terminated without notice / compensation. I also hereby declare that No Enquiry is pending against me. Further I have read and understood all the general conditions and instructions mentioned in the advertisement and I agree with those conditions and instructions.

Place :

Date :

(Name & Signature of the Candidate)

NOTE: Incomplete Application will be rejected and no correspondence will be entertained on this behalf.

Declaration of Small Family

FORM "A"
(See Rule - 04)

I, Shri/ Smt./ Kum.
son/daughter/wife of Shri.
aged..... years, resident of

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(Mention dates of birth, if any).
3. I am aware that, if any total numbers 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 :

Signature of Applicant

Annexure – B

(शासन निर्णय क्र. प्रसुधा १६१४/३४५/प्र.क्र.७१/१८-अ दि.०९/०३/२०१५)

Self-Declaration for Self Attestation

I Son / Daughter
of..... aged,
occupation..... resident of.....
with UID No. hereby declare that the copies attested by
me are true copies of original documents. I am well aware of the fact that if the copies
are found to be false, I shall be liable for prosecution and punishment under Indian
Penal Code and / or any other law applicable thereto.

Place :

Applicant's Signature.....

Date :

Applicant's Name :