



**PUNYASHLOK AHILYADEVI HOLKAR  
SOLAPUR UNIVERSITY, SOLAPUR**

[Under Maharashtra Public Universities Act, 2016]  
Phone No.0217-2744770 Email-registrar@sus.ac.in



Applications are invited from the eligible candidates in the prescribed format for the following posts on the establishment of the Punyashlok Ahilyadevi Holkar Solapur University, Solapur.

**Advt. No. : PAHSUS/Estt/2024/182**

Sr. No.	Name of the Post	No. of Post	Category
01	Director, Innovation, Incubation and Linkages	01	Unreserved

Duly completed, application in prescribed form, along with all enclosures, shall be sent to the Registrar, Punyashlok Ahilyadevi Holkar Solapur University, Solapur – 413 255 so as to reach on or before 10/04/2024 (Up to 05.30 p.m.).

Further details can be downloaded from the University website sus.ac.in and <http://su.digitaluniversity.ac> link of Employment Opportunities. The same is hosted on Govt. of Maharashtra website [www.maharashtra.gov.in](http://www.maharashtra.gov.in)

Date : 06/03/2024

Sd/-  
(Yogini Ghare)  
Registrar



# Punyashlok Ahilyadevi Holkar Solapur University, Solapur



ADVT. NO. PAHSUS/ESTT/2024/182

Applications are invited in the prescribed form available online on Punyashlok Ahilyadevi Holkar Solapur University website [su.digitaluniversity.ac](http://su.digitaluniversity.ac) & [sus.ac.in](http://sus.ac.in) under the tab "Recruitments and employment opportunity". For the following post to be filled in Punyashlok Ahilyadevi Holkar Solapur University, Solapur as per the provisions under Section 20 of Maharashtra Public University Act, 2016.

Last date for submission of application form is 10/04/2024 up to 05.30 p.m. in the University office.

<b>Name of Post</b>	<b>Director, Innovation, Incubation and Linkages</b>
<b>Number of Post</b>	ONE
<b>Category</b>	UNRESERVED
<b>Pay Scale</b>	<ul style="list-style-type: none"><li>▪ Academic Level- 14 (1,44,200-2,18,200) Entry Pay 1,44,200/- (as per Higher and Technical Education department G. R. No. Misc-2018/C.R.56/18/UNI-1 dated 08.03.2019) (Subject to approval of Govt. of Maharashtra)</li><li>• Other usual allowances and benefits as admissible under Maharashtra Public Universities Act, 2016 and Government of Maharashtra rules in force from time to time.</li></ul>
<b>Tenure of Appointment</b>	<p>As per provisions of Section 20 of Maharashtra Public Universities Act, 2016 Director of Innovation, Incubation and Linkages shall be a statutory full time salaried officer.</p> <p>As per provisions of Section 20(4) of Maharashtra Public Universities Act, 2016 The Appointment of the Director of Innovation, Incubation and Linkages shall be for a term of five years or the age of superannuation, whichever is earlier, and he shall be eligible for re-appointment by selection on the recommendation of a selection committee constituted for the purpose, for only one more term of five years in the university in which he is serving.</p>
<b>Qualifications &amp; Experience</b>	<p><b><u>Government of Maharashtra Order No.MIS2017/ Cr.No.124/2017/ Vishi-1, Dt.20/04/2017</u></b></p> <p>(a) Professor / Principal with minimum aggregate teaching experience of 15 years.</p> <p style="text-align: center;"><b>OR</b></p>

	<p>Research Scientist of Grade-F with minimum aggregated research experience of 10 years</p> <p style="text-align: center;"><b>OR</b></p> <p>Research Scientist or Professional from the Industrial sector with a proven minimum aggregate Industrial / Entrepreneurial experience of 15 years in the process of establishment of an Enterprise/Industry and formation and execution of collaborations/linkages at National/ International level.</p> <p>(b) Should have successfully executed two major research/consultancy/Industrial projects out of which at least one should be a collaborative/joint projects with linkage at premier National/ International University or Institution or Industry,</p> <p>(c) Knowledge in the field of Intellectual Property Rights and aspects associated therewith desirable.</p>
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## **GENERAL INSTRUCTIONS, TERMS & CONDITIONS :**

1. The prescribed application form may be downloaded from the University website [sus.ac.in](http://sus.ac.in) & <http://su.digitaluniversity.ac> link of Employment Opportunities. The same is hosted on Government of Maharashtra website [www.maharashtra.gov.in](http://www.maharashtra.gov.in)
2. Application in the prescribed form (Ten copies) together with attested copies of certificate/s should be sent in an envelope superscripted “**Application for the post of Director, Innovation, Incubation and Linkages**”, to the **Registrar**, Punyashlok Ahilyadevi Holkar Solapur University, Kegaon, Solapur–413 255 **so as to reach the same on or before 5:30 p.m. on 10/04/2024.**
3. Application form should be accompanied with attested copies of the following documents:
  - i) Degree / Diploma certificates, Statement of Marks and other certificates of the educational qualifications.
  - ii) Approval letters in case of teachers of affiliated colleges / recognized institutions.
  - iii) Appointment orders in case of University Teachers.
  - iv) Certificate/s of teaching/administrative experience and / or postdoctoral research.
  - v) Birth Certificate / SSC certificate or other Government document as proof of date of birth.
  - vi) In case of change in name of the candidate, a copy of Government Gazette.
  - vii) Demand Draft (of Rs.500 /-for open candidates and of Rs.250/-for reserved category candidate) of nationalized bank drawn in favour of the “F. & A. O., Punyashlok Ahilyadevi Holkar Solapur University, Solapur” payable at Solapur.
4. Knowledge of Marathi Language is essential.
5. As per the Notification No.SRV.2000/CR (17/2000) XII dated 28<sup>th</sup> March, 2005 issued by General Administration Department, Mantralaya, Mumbai, candidates shall submit the declaration of the small family in the prescribed proforma attached with Application form as Declaration Form “A”
6. Qualifications, relevant experience and age shall be considered as on last date of submission of application.
7. Candidates furnishing incorrect or false information shall stand disqualified at any stage.
8. Candidates are requested not to attach any original document with the application.
9. Appointment of Contract, Daily wages, Temporary, Ad-hoc basis will not be counted as experience.
10. Teaching experience as an approved full-time teacher will only be considered.
11. Applicants shall not be entitled for any TA/DA towards attending the interview.
12. Application received after the prescribed last date will be rejected and no communication in this regard will be made with the candidate.
13. University will not be responsible for the applications misplaced or lost or delayed by the Postal department.
14. No correspondence will be made with applicants who are not short-listed / not called for interview.
15. The University reserves the right to fill or not to fill the post or to modify/ alter/ cancel the advertisement.
16. A Candidate already employed, shall submit his/her application through proper channel. However, an advanced copy of application may be sent followed by the original application through proper channel.

17. All updates, corrigendum (if any), instructions regarding this recruitment advertisement from time to time shall be updated on Punyashlok Ahilyadevi Holkar Solapur University website only. Hence, applicants are advised to visit University website regularly for further updates/details.
18. Applications received after the last date of receipt of application, incomplete applications or without relevant supporting enclosures (attested copies of degree certificates / mark sheets / experience certificate etc.), applications without DD and applications not submitted through proper channel will not be considered. No intimation in this regard will be given to the candidates.
19. Canvassing directly or indirectly will be a disqualification.
20. Experience in regular scale will only be considered towards total experience of the candidate.
21. Queries or correspondence in respect of eligibility criteria, issuance of call letters for interview or selection of candidate will not be entertained at any stage.
22. Candidates shall have to produce original documents at the time of appearing for Interview.
23. On verification, if it is found that the information received from an applicant is faulty and or is based on faulty certificates he / she will be liable for legal action and the selection of such candidate will be immediately cancelled.
24. The Government Resolutions/Circulars issued by the Government of Maharashtra from time to time will be applicable to this advertisement.
25. All disputes arising out of this advertisement are subject to SOLAPUR jurisdiction.

Advt. No. : PAHSUS/Estt/2024/182  
Date: 06/03/2024

Sd/-  
**(Yogini Ghare)**  
Registrar

### **INSTRUCTIONS TO CANDIDATES**

1. Candidates who are already employed shall send their applications **through proper channel**.
2. Candidates should send their applications with **attested copies** of the degree or diploma certificates and statements of marks and other certificates in support of their educational qualifications and experience; and of the Matriculation or equivalent certificates in support of their age.
3. Candidates should also attach copies of the following documents with their applications:-
  - (a) Caste certificate from the competent authority if the candidate belongs to Scheduled Caste/Scheduled Tribe/Denotified Tribe/Nomadic Tribe.
  - (b) Certificate from the employer stating the pay and allowances drawn at present.
  - (c) Testimonials.
4. If the space provided is insufficient, information may be given on a separate sheet duly signed by the candidates and the same may be sent with the applications.
5. The application should be sent in **ten copies** together with all enclosures.
6. Applications should be sent to the **Registrar**, Punyashlok Ahilyadevi Holkar Solapur University, Kegaon, Solapur -413 255, so as to reach him on or before the last date prescribed.
7. Any change in address given in column 2 of the application form should at once be communicated to the **Registrar**, Punyashlok Ahilyadevi Holkar Solapur University, Kegaon, Solapur -413 255.
8. Incomplete applications will not be considered.
9. Candidates are advised to satisfy themselves before applying that they possess prescribed qualifications and it is for the candidates themselves to ensure that they possess the prescribed qualifications. No inquiry asking for advice as to eligibility will be entertained.
10. Candidate called for interview will have to be present himself / herself at his /her own expenses.
11. Canvassing direct or indirect, will be treated a disqualification.

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### **Check list for the candidates (to be attached to the application)**

#### **Please [v ] wherever applicable**

- 1) Application duly completed: Yes/No
- 2) Self attested photograph affixed on the application: Yes/No
- 3) Application signed : Yes/No
- 4) An attested copy of each of the following certificate is attached.
  - a) Date of Birth/Age Certificate
  - b) Caste Certificate and Caste validity certificate
  - c) Physically handicapped certificate, if applicable
  - d) Small family declaration certificate
  - e) Educational qualification documents
  - f) Experience certificate.
  - g) Any other certificate.



**Punyashlok Ahilyadevi Holkar Solapur  
University, Solapur**

ADVT. NO. PAHSUS/ESTT/2024/182



**APPLICATION FORM FOR THE POST OF  
DIRECTOR, INNOVATION, INCUBATION AND LINKAGES**

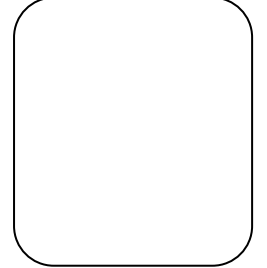
Advt. No. SUS/Estt/2024/182

Dated – 06/03/2024

D.D. to be enclosed for Open Category Rs.500/- and Reserved Category Rs.250/-

D.D. No. \_\_\_\_\_ dated \_\_\_\_\_

Name of the Bank and Branch : \_\_\_\_\_



To,  
**The Registrar,**  
Solapur University,  
Kegaon, Solapur - 413 255.

**Sub. : Application for the post of Director, Innovation, Incubation and Linkages.**

Sir,

I hereby submit my application for the post mentioned above with the following details:

*(Please read the general instructions, Terms & conditions before filling the form)*

1. Application Fee (Non-Refundable)				
Demand Draft No.	Date	Amount (Rs.)	Name of the Bank	Branch Name

2. Personal Details (In Capital Letters)				Enclosure No.
Full Name (Surname First)				
Date of Birth (DD/MM/YY)		Age (In Years) as on <b>06/03/2024</b>		
Gender (Male/Female)		Marital Status		
Nationality		Religion		
Category with Caste (SC/ST/VJ-A/NT(B/C/D)/ OBC/OPEN/PH, etc.)				
Particulars of Physical Disability, if Applicable				

3. Address	
Address for Correspondence	Permanent Address

4. Communication Details	
E-mail ID	
Phone No.	
Mobile No.	

5. Educational Qualifications (Matriculation onward)					Enclosure No.
Name of Exam. /Degree	University /Institution /Board	Year of Passing	Percentage of Marks	Division/ Class/ CGPA	

*(Please use an additional sheet, if required, retaining the above tabular format)*

<b>Ph.D.</b> (Mark in Appropriate Box)	<b>Degree Awarded</b>	<b>Date : [-----/-----/-----]</b>	
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<b>Title of Thesis/Dissertation</b> <i>(If Published, give details on a separate sheet)</i>		
Ph.D.		
M. Phil.		
P.G.		
Particulars of NET/SET/ SLET/GATE or Equivalent Exam.		



6. Present Position						Enclosure No.
Designation	University/ Institution	From Date	Basic Pay	Pay Scale/ Pay Band	Gross Pay/ Total Salary p.m.	

7. Teaching Experience as an approved full-time teacher							Enclosure No.
Post Held	Basic Pay & Pay Band with A.G.P.	University/ Institution/ College	Period		Teaching Experience		
			From	To	Y	M	D

Total Teaching Experience : [ \_\_\_\_ Y (Years)] [ \_\_\_\_ M (Months)] [ \_\_\_\_ D (Days)]

**Special contribution, if any :**

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*(Enclose additional sheet, if required, in the same format)*

8. Experience in Research Establishment / Institutions of Higher Learning / Industries / Professional								Enclosure No.
Post Held	Basic Pay & Pay Band with A.G.P.	University/ Institution/ College	Period		Experience			
			From	To	Y	M	D	
Total Experience : [ ____ Y (Years)] [ ____ M (Months)] [ ____ D (Days)]								
<b><u>Special contribution, if any :</u></b>								
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.....								
<i>(Enclose additional sheet, if required, in the same format)</i>								

9. Research Experience :		Enclosure No.
Number of Ph.D. Degrees Awarded under Supervision :	[     ]	
Number of Ph.D. Thesis Submitted under Supervision :	[     ]	
Number of Ph.D. Students Registered under Supervision :	[     ]	
<b>Total Research Experience :</b>	<b>[ ____ Y (Years)] [ ____ M (Months)] [ ____ D (Days)]</b>	

10. Publications :							Enclosure No.
Number of Books Published :		[ ] Own	[ ] Joint Authorship				
Number of Books Edited :		[ ] Own	[ ] Joint Authorship				
Number of Papers Published :		[ ] Own	[ ] Joint Authorship				
Own				Joint Authorship			
International Journals	National Journals	International Conferences/ Seminars/ Symposium	National Conferences/ Seminars/ Symposium	International Journals	National Journals	International Conferences/ Seminars/ Symposium	National Conferences/ Seminars/ Symposium
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
<b>NOTE : Give the details of Publications on separate sheet.</b>							

11. Administrative Experience								Enclosure No.
Post Held	Basic Pay & Pay Band with A.G.P.	University/ Institution/ College	Period		Administrative Experience			
			From	To	Y	M	D	
Total Administrative Experience : [ ___ Y (Years)] [ ___ M (Months)] [ ___ D (Days)]								
<b><u>Special contribution, if any :</u></b>								
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(Enclose additional sheet, if required, in the same format)								

12. Experience of establishment of an Enterprise/Industry if any	Enclosure No.
<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	
<p><i>(Enclose additional sheet, if required in the same format)</i></p>	

13. Experience of establishing Collaborations / Linkages at National / International level	Enclosure No.
<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	
<p><i>(Enclose additional sheet, if required in the same format)</i></p>	

<b>14. Details about executed major Research / Consultancy / Industrial projects</b>									<b>Enclosure No.</b>
<b>Sr. No.</b>	<b>Title of the Project</b>	<b>Name of Agency</b>	<b>Period</b>	<b>Type of Project (Research/ Consultancy/ Industrial)</b>	<b>Whether Collaborative or Joint</b>	<b>Linkage at (National/ International University or Institution or Industry)</b>	<b>Grant/ Amount Mobilized (Rs. In Lakhs)</b>	<b>Whether Policy Document /Patent as outcome</b>	

<b>15. Evidence regarding knowledge in the field of Intellectual Property Rights</b>	<b>Enclosure No.</b>
<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	
<p><i>(Enclose additional sheet, if required in the same format)</i></p>	

<b>16. Academic Distinctions (Award/Scholarship/Rank, etc.) :</b> <i>(Enclose additional sheet, if required, in the same format)</i>		<b>Enclosure No.</b>
(i)		
(ii)		
(iii)		
(iv)		
(v)		
(vi)		
(vii)		

<b>17. Membership/Fellowship of learned Accredited Academic Bodies :</b> <i>(Enclose additional sheet, if required, in the same format)</i>		<b>Enclosure No.</b>
(i)		
(ii)		
(iii)		
(iv)		
(v)		
(vi)		

<b>18. Competence in Computer Applications :</b>		<b>Enclosure No.</b>
<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>		

<b>19. Additional Information, if any :</b> <i>(Use separate sheet, if necessary)</i>	<b>Enclosure No.</b>
<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	

<b>20. Name and Postal Address of Two Referees :</b>	
Referee 1	Referee 2
E-mail ID :	E-mail ID :
Mobile No. :	Mobile No. :

<b>21. Total No. of Enclosures attached : _____</b>
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DATE : \_\_\_\_\_

PLACE: \_\_\_\_\_

\_\_\_\_\_

**(Signature of Applicant)**

## DECLARATION - I

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 for the post of \_\_\_\_\_ is liable to be cancelled/terminated at any stage. I further understand that no cognizance shall be taken of any request for withdrawal of my application. I have read carefully all instructions given in the Employment Notice No. \_\_\_\_\_ Dated \_\_\_\_\_ on the website of the University.

DATE: \_\_\_\_\_

PLACE: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Applicant)

## DECLARATION- II

I, Dr./Shri/Mrs./Ms. \_\_\_\_\_, Son/Daughter/Husband/Wife of Dr./Shri \_\_\_\_\_ aged \_\_\_\_\_ years resident at \_\_\_\_\_

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 28<sup>th</sup> March, 2005 is/are \_\_\_\_\_ (Mention dates of Birth, if any.)
3. I am aware that if total number of living children are more than two, due to the children born after 28<sup>th</sup> March, 2006, I am liable to be disqualified for the same post.

DATE : \_\_\_\_\_

PLACE : \_\_\_\_\_

\_\_\_\_\_  
(Name & Signature of Applicant)



## ENDORSEMENT BY THE EMPLOYER

(For in-service candidates only)

### To be signed and forwarded by the present employer

Forwarded to :

**The Registrar,  
Punyashlok Ahilyadevi Holkar Solapur University,  
Solapur – Pune National Highway,  
Kegaon, Solapur-413255**

The applicant Dr./Shri/Mrs./Ms. \_\_\_\_\_ ,  
who has submitted this application for the post of \_\_\_\_\_  
\_\_\_\_\_ in the Solapur University, Solapur has  
been working in \_\_\_\_\_ on the post  
of \_\_\_\_\_ in a permanent  
capacity with effect from \_\_\_\_\_ in the Scale of Pay  
/Pay Band of Rs. \_\_\_\_\_ with Grade Pay of Rs. \_\_\_\_\_.  
His/her next increment is due on \_\_\_\_\_.

Further, it is certified that no disciplinary/vigilance case has ever been held or  
contemplated or is pending against the said applicant.

There is no objection for his/her application being considered by the  
Solapur University, Solapur.

\_\_\_\_\_  
*Signature of the forwarding authority*

Name : \_\_\_\_\_

Designation : \_\_\_\_\_

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

Date :

**OFFICE SEAL**

