



UNIVERSITY OF MUMBAI'S  
GARWARE INSTITUTE OF CAREER EDUCATION AND DEVELOPMENT  
(Autonomous since 2006)  
Vidyanagari, Kalina, Santacruz (East), Mumbai - 400 098.  
Tel.: 2653 02 58 / 59, Accts. 2653 02 57, Exam Unit : 2653 02 56  
E-mail: garware@giced.mu.ac.in  
Website : www.giced.edu.in



No. GICED/ 2575

of 20

Date : 26/11/18

UNIVERSITY OF MUMBAI'S  
GARWARE INSTITUTE OF CAREER EDUCATION AND DEVELOPMENT

Application is invited from the eligible candidates for the Lower Grade Stenographer post at Garware Institute of Career Education and Development (GICED). Eligible candidates are requested to come on 1<sup>st</sup> December, 2018 at Garware Institute of Career Education and Development, Vidyanagari, Kalina Campus, Santacruz (E), Mumbai 400 098 at 10.30 a.m. along with your resume, necessary documents and filled prescribed form on GICED and Mumbai University website. The appointment will be made for 6 months and likely to be extended further based on the performance. The post is on consolidated salary.

Name of the post	Lower Grade Stenographer
No. of post	1 – Open
Qualification	Graduate in any stream English shorthand @ 100 w.p.m. Marathi shorthand @ 80 w.p.m. English Typing @40 w.p.m. Marathi Typing @30 w.p.m.
Salary	Rs. 18,000/- consolidated per month
Experience	3 years experience
Desirable	i) Proficient in MS office ii) Should be able to draft letters, minutes of the meetings, etc. iii) Ability to understand and type scientific and technical Literature, research papers etc. iv) Good command on English/Marathi v) Should be able to take dictation in Marathi and English
Age Limit	Not less than 21 years and not more than 45 years

Dr. Medha Tapiawala,  
I/C Director



Serial number of the post advertised : \_\_\_\_\_  
 D.D. to be enclosed for Open Category Rs.200 and  
 Reserved Category Rs.100

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

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

Affix  
passport  
size  
photo

DD to be drawn in favour of The Director, Garware Institute of Career Education and Development.

To,  
 The Director,  
 Garware Institute of Career Education And Development  
 Vidyanagari, Kalina,  
 Santacruz (East),  
 Mumbai – 400 098.

Sub: Application for the post of \_\_\_\_\_

Please [ √ ] wherever applicable

1.

Name in full Shri/Smt./Kum. (in BLOCK letters)	Surname																		
	First name																		
	Middle name																		
	Mother's Name																		

2.

Current postal address (in BLOCK letters)																			
Email ID																			
Mobile No.																			
Tel. No.																			

3.

Date of Birth																			
Age																			
Birth Place																			
Nationality																			
Male/Female																			
Married/Unmarried																			



4.

Caste category	S.C.	S.T.	D.T./N.T.				O.B.C.	OPEN
			D.T.(A)	N.T.(B)	N.T.(C)	N.T.(D)		

5. Post applied under which category (Open/Reserved) : \_\_\_\_\_

6.

Educational Qualifications					
Examination	University/ Board	Month and Year of Passing	Subject	Percentage of Marks obtained	Class/ Division
S.S.C.					
H.S.C.					
Graduate					
Post-Graduate					
Doctor's Degree					
Any other qualification					

7.

Technical Qualifications					
Examination	English Typing/ Shorthand	Marathi Typing/ Shorthand	Month and Year of Passing	Percentage of Marks obtained	Class/ Division
MS-CIT	--	--			
Typing					
Shorthand					

8.

Technical/Professional Administrative Experience				
Institution/ Organization	Year	Position Held	Nature of Appointment	Period of appointment with dates



9. Other Qualifications and experience, if any.

10. (a) Present position :

(b) Name of Institution/ Organization where employed : \_\_\_\_\_

(c) Salary : \_\_\_\_\_

Pay Rs. \_\_\_\_\_ in the pay-scale (pay band) of Rs. \_\_\_\_\_

D.A. Rs. \_\_\_\_\_

H.R.A. Rs. \_\_\_\_\_

C.L.A. Rs. \_\_\_\_\_

Other Rs. \_\_\_\_\_

Allowances, if any \_\_\_\_\_

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

(d) Date of appointment : \_\_\_\_\_

(e) Date of next increment : \_\_\_\_\_

(f) Attach Last Pay Certificate, if any

11. Names of persons who have given testimonials (if any)

1) \_\_\_\_\_

2) \_\_\_\_\_

12. Names and addresses of not more than three persons to whom references may be made

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

I hereby declare that all statements made by me in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false, incomplete or incorrect, my candidature/appointment is liable to be cancelled/terminated. I further understand that no notice shall be taken of any request for withdrawal of my application.

Place :

Date :

(Signature of candidate)