**Application Form**

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# Applied for School ........................................ ............................................................

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# Post Applied for:..............................................................................................................

# Subject:............................................................................................................................

Faculty / College/ Department / Institute**: ........................................................................**

1. **Name in Full (IN BLOCK LETTERS): Dr./Mrs./Ms./Mr.:**
2. **Father’s Name:**
3. **Date of Birth: Blood Group**
4. **Mailing Address:**

**Pin Code No.** **Tel. No.: (O) (R)**

**(M) Fax No.** **E-mail:**

1. **Permanent Address:**

**Pin Code No.** **Tel. No.: (O) (R) (M) Fax No.**

E-mail:

1. **Native Address: District: State:**
2. **Gender:** Male / Female **:**
3. **Marital Status:** Married/Unmarried / Widow**:**
4. **Please mention the Caste:** General / SC / ST /OBC
5. **Nationality: 11. Religion:**
6. **Physically Disabled:** Yes / NO**:**
7. **EDUCATIONAL QUALIFICATIONS (Starting with Highest Degree up to SSC)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Examination/  Degree | Subject/ (s) | Percentage of  Marks / Final | Name of College/  University /Board | Passing  Year | Medium (English / Gujarati / Hindi) | Mode of Education  (Regular / Distance) |
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1. **Details of Employment: Total Experience: Teaching Years Research Years**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Institution** | **Designation** | **Duration** | | **Total Duration (Year,**  **Month & Day)** | **Pay Band** | **GP** | **Last drawn Basic /**  **Gross Salary** | **Contact Detail (Email ID, Number)** | **Reason of Leaving** |
| **From** | **To** |
|  |  |  |  |  |  |  |  |  |  |
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1. **Please indicate how you fulfill the desirable qualifications, like TET / TAT / TAT-S**
2. **Training Program Attended**

|  |  |  |  |
| --- | --- | --- | --- |
| Subject of training | Date of Commencement | Date of Completion | Details of Program Outlines |
|  |  |  |  |
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1. **Languages Proficiency (Please mention as Proficient/Good/Poor in the respective Language section)**

|  |  |  |  |
| --- | --- | --- | --- |
| Language | Read | Write | Speak |
| English |  |  |  |
| Hindi |  |  |  |
| Gujarati |  |  |  |
| Any other ( ) |  |  |  |

1. **Whether “No objection Certificate” from employer furnished: Yes / No / Not applicable**
2. **Name, Designation, Phone No. and Email id of two references**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sr.  No. | Name | Designation | Organization | Ph./Mob. No. | Email Id |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. **Details of Spouse, if Married or Father, if Unmarried.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Relation | Qualification | Professional Details, if any | |
| Name of Organization | Designation / Duration of work |
|  |  |  |  |  |

1. **In case of Emergency the Person to be contacted/notified:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Relationship | Address | Tel./Mob. No |
|  |  |  |  |

I hereby declare that all statements made by me in this application are true and correct to the best of my knowledge and belief. In case of any information found false or misleading, I understand that my candidature is liable to be cancelled / terminated.

Date:

Place: (Signature along with full name of candidate)

Forwarded through Present Employer Signature of present employer with stamp (Preferred) Seal