

# Application Form

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Applied for School .....

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:** \_\_\_\_\_

**5. Permanent Address:** \_\_\_\_\_

\_\_\_\_\_ **Pin Code No.** \_\_\_\_\_

**Tel. No.:** (O) \_\_\_\_\_ (R) \_\_\_\_\_

(M) \_\_\_\_\_ **Fax No.** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**6. Native Address:** \_\_\_\_\_ **District:** \_\_\_\_\_ **State:** \_\_\_\_\_

**7. Gender:** Male / Female : \_\_\_\_\_

**8. Marital Status:** Married/Unmarried / Widow: \_\_\_\_\_

**9. Please mention the Caste:** General / SC / ST /OBC \_\_\_\_\_

**10. Nationality:** \_\_\_\_\_ **11. Religion:** \_\_\_\_\_

**12. Physically Disabled:** Yes / NO: \_\_\_\_\_

**13. 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)

14. 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						

15. Please indicate how you fulfill the desirable qualifications, like TET / TAT / TAT-S

16. Training Program Attended

Subject of training	Date of Commencement	Date of Completion	Details of Program Outlines

17. Languages Proficiency (Please mention as Proficient/Good/Poor in the respective Language section)

Language	Read	Write	Speak
English			
Hindi			
Gujarati			
Any other ( )			

18. Whether "No objection Certificate" from employer furnished: Yes / No / Not applicable\_\_\_\_\_

19. Name, Designation, Phone No. and Email id of two references

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

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

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

**21. 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**