

Sarvajanik Education society

SARVAJANIK COLLEGE OF ENGINEERING & TECHNOLOGY





http://www.scet.ac.in Email: info@scet.ac.in **EMPLOYMENT FORM FOR POST OF ASSISTANT PROFESSOR** BRANCH : _____ **PERSONAL DATA:** (1) FULL NAME : _____ AGE ____ (2) DATE OF BIRTH (3) MARITAL STATUS : _____ NO. OF DEPENDENDANTS_____ (4) BLOOD GROUP : HEIGHT WEIGHT : _____ RELIGION _____CASTE_____ (5) NATIONALITY PRESENT ADDRESS PERMANENT ADDRESS (6) (7) PHONE NO (8) EMAIL NAME, ADDRESS AND PHONE/FAX NO. OF THE NEAREST RELATIVE WHO CAN BE CONTACTED IN CASE OF EMERGENCY.

ACADEMIC RECORDS:

(Percentage or credit earned upto the first place & Decimal)

Degrees	Specialization	University	Year of	Percentage	Class
			Award	Obtained	Awarded
Bachelor					
Master					
Doctorate					
Other					

PRESENT EMPLOYMENT DETAIL:

Present Position :	Employed Since:
Address of the Employer: :	Telephone No. :
Present Total Emoluments :	Expected Salary:

PROFESSIONAL EXPERIENCE:

(In Chronological Order) start with your present/last employment)

Sr. No.	Name of the Employer	Place of Employment	Designation	n Period		Total years/ months	Last salary drawn
				From	То		
Total	Teaching Experie	P NCE (Only Degree Le	vel) :			_ Years	

CO-CURRICULAR ACTIVITY: (Attach copies of certificates)

Briefly describe activities undertaken during studies and prizes / awards won etc. (Attach separate sheet)

PROFESSIONAL TRAINING: (Attach copies of certificates)

Date		Organization	Type of Training (Give Details)
From	То		

MEDICAL HISTORY

Have you any Disabilities?	Yes / No
If yes, Give Details :	
Have you undergone any major surgery or illness in last five years?	Yes / No
If yes, describe when and type of surgery / illness:	
Are you suffering from any recurrent disease ?	Yes / No
If yes, Give Details :	
Are you on any Medication / Treatment	Yes / No
If yes, Give Details :	
Have you ever been arrested or convicted for any offence or crime?	Yes / No
if yes, Give brief details:	
REFERENCES	
<u> </u>	

Reference No. 1	Reference No. 2
Name& : Address	Name & : Address
Phone No. :	Phone No. :
E.Mail :	E.Mail :

I certify that information provided in this form is true and correct to the best of my knowledge and belief. I am aware that if any of the above particulars are found to be false, I am liable to be dismissed and any such actions as the management deem fit.

Disco		_
Place:	Signature of Applicant	

Note:

- (1) Please fill in the details in the attached sheet and for each item, attach the self-attested copies of corresponding certificates.
- (2) Person already serving in other Educational Institutes should apply through their respective Institutional heads or NOC required to be enclosed.
- (3) The candidates who are already in service are required to attach last month pay-slip of the present employer.

(SUPPLEMENTARY DATA)

(A)	EDUCATIONAL EXPERI	ENCE:				
	Experience of Teaching/Research in the related College Faculty / Registered Institution of Graduate Level (OR) Post Graduate Level. (A Lecturer who is recognized by University and who is in full time service with University Pay Scale, that experience can be considered. The Part time experience as Lecturer should be shown separately.					
	UNDER GRADUATE POST GRADUATE		to to	Total Total	Yr/s yr/s	
(B)	EXPERIENCE AS A PRII	NCIPAL OR HEA	AD OF THI	E UNIVERSITY DEPARTM	ENT :	
		Year	to	TotalNIZED INSTITUTIONS / UN	Yr/s	
(C)	EXPERIENCE IN AFFILIA DEPARTMENT AS :-	ATED COLLEGE	/ RECOGI	NIZED INSTITUTIONS / UN	<u>IIVERSITY</u>	
	-VICE PRINCIPAL	: Year	to	Total	Yr/s	
	-CHAIRMAN OF STUDEN COUNCIL	TS:Year	to	Total	Yr/s	
		BLE: Year	to	Total	Yr/s	
	- CHAIRMAN OF INTERN EVALUATION COMMITT		to	Total	Yr/s	
		ED:Year	to	Total	Yr/s	
	- P.G. INCHARGE		to	Total	Yr/s	
(D)	FOR RESEARCH WORK					
	- The articles published in the category of National OR International Journal of the relevant					
	subject :					
	(a) Total Articles published in own Name					
	(b) Total Articles publish	ned jointly with o	ther Resea	archers	:	
	 Total no. of students when Completed under your 				:	
	 Total no. of students wh completed dissertation 			gree and who have	:	

I hereby declare that all statements made in this application are true and correct to the best of my knowledge and belief.

PLACE	:		
DATE	:	SIGNATURE OF THE CA	ANDIDATE