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Email: info@scet.ac.in

**EMPLOYMENT FORM FOR POST OF
ASSOCIATE PROFESSOR**

BRANCH : _____



PERSONAL DATA :

- (1) FULL NAME : _____
- (2) DATE OF BIRTH : _____ AGE _____
- (3) MARITAL STATUS : _____ NO. OF DEPENDENDANTS _____
- (4) BLOOD GROUP : _____ HEIGHT _____ WEIGHT _____
- (5) NATIONALITY : _____ RELIGION _____ CASTE _____

(6)	<u>PERMANENT ADDRESS</u>	<u>PRESENT ADDRESS</u>

(7) PHONE NO : _____

(8) EMAIL : _____

(9) NAME, ADDRESS AND PHONE/FAX NO. OF THE NEAREST RELATIVE WHO CAN BE CONTACTED IN CASE OF EMERGENCY.

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ACADEMIC RECORDS :

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

Degrees	Specialization	University	Year of Award	Percentage Obtained	Class 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	Period		Total years/ months	Last salary drawn
				From	To		
Total Teaching Experience (Only Degree Level)				: _____ 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	To		

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>Reference No. 1</u> Name & : Address Phone No. : E.Mail :	<u>Reference No. 2</u> Name & : Address Phone No. : E.Mail :
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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.

Date :

Place :

Signature of Applicant

Note:

- (1) Please fill in the details in the attached sheet and for each item, attach the attested copies of corresponding certificates.
- (2) Person already serving in other Educational Institutes should apply through their respective Institutional heads.

(SUPPLEMENTARY DATA)

(A)	<u>EDUCATIONAL EXPERIENCE :</u> 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 : Year _____ to _____ Total _____ Yr/s POST GRADUATE : Year _____ to _____ Total _____ yr/s
(B)	EXPERIENCE AS A PRINCIPAL OR HEAD OF THE UNIVERSITY DEPARTMENT : Year _____ to _____ Total _____ Yr/s
(C)	<u>EXPERIENCE IN AFFILIATED COLLEGE / RECOGNIZED INSTITUTIONS / UNIVERSITY DEPARTMENT AS :-</u> -VICE PRINCIPAL : Year _____ to _____ Total _____ Yr/s -CHAIRMAN OF STUDENTS : Year _____ to _____ Total _____ Yr/s COUNCIL -CHAIRMAN OF TIME-TABLE: Year _____ to _____ Total _____ Yr/s - CHAIRMAN OF INTERNAL : Year _____ to _____ Total _____ Yr/s EVALUATION COMMITTEE - MEMBERSHIP ACQUIRED : Year _____ to _____ Total _____ Yr/s IN STATUTORY OF UNI. TERM/PART: - P.G. INCHARGE : Year _____ to _____ Total _____ Yr/s
(D)	<u>FOR RESEARCH WORK :-</u> - 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 published jointly with other Researchers : _____ - Total no. of students who have acquired Ph.D Degree and Master's thesis : _____ Completed under your guidance for Ph.D / Master Degree. - Total no. of students who have acquired M.Phil Degree and who have : _____ completed dissertation under your guidance.

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 CANDIDATE