http://www.scet.ac.in   Email: info@scet.ac.in

EMPLOYMENT FORM FOR POST OF
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)

PERMANENT ADDRESS	PRESENT ADDRESS

(7) PHONE NO   : _____

(8) EMAIL   : _____

(9) **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 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

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.

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)	**EDUCATIONAL EXPERIENCE :** 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)	**EXPERIENCE IN AFFILIATED COLLEGE / RECOGNIZED INSTITUTIONS / UNIVERSITY DEPARTMENT AS :-**
	
	-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)	**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 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**