**S. S. Agrawal Institute of Physiotherapy & Medical Care Education**

**MANAGED BY : AGRAWAL EDUCATION FOUNDATION**

**Campus: S. S. Agrawal College Campus, Veeranjali Marg, Near Devina Park Society,**

 **Gandevi Road, Navsari – 396 445.**

# Contact No.: (2637) 232667, 232857; Email Id: contact@agrawaleducation.net

**Affiliated To Veer Narmad South Gujarat University, Surat**

|  |
| --- |
|  Affix recent Colour passport size photograph  |

# Job Application Form for Teaching staff

*Name and Date of Advertisement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Position applied: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Specialization: \_\_\_\_\_\_\_\_\_\_\_\_\_*

(Please tick √ wherever required)

## Personal Details

1. Name of the Candidate : *(Please write Mr./ Ms./Sh./Smt./Dr./Prof.)*
2. Father’s/Husband’s Name :

:

/

/

5.

Sex

:

Male ( )

Female ( )

7.

Category

:

Open / OBC / SC / ST

1. Mother’s Name :
2. Date of Birth (DD/MM/YYYY)

6. Nationality :

1. Name of Language known : English – Read ( ), Speak ( ), Write ( )

 Hindi – Read ( ), Speak ( ), Write ( )

 Gujarati – Read ( ), Speak ( ), Write ( )

1. Mobile No. : + 91 -



Details of Education Qualifications (As on date of Advertisement)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Exam Passed  | Name of Board/ University  | Year of Passing  | % Marks Obt./CGPA  | Class  | Specialization  | Remarks (if any)  |
| S. S. C.  |   |   |   |   |   |   |
| H. S. C.  |   |   |   |   |   |   |
| Graduation (B.P.T. etc.)  |   |   |   |   |   |   |
| Post-Graduation (M.P.T..)  |   |   |   |   |   |   |
| Doctor (Ph. D.\*)  |   |   |   |   |   |   |
| Any other  |   |   |   |   |   |   |

**NOTE: 1. Attach photocopy of all certificates, 2. Proof of Conversion from CGPA to percentage is a must**

1. Present Position :

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Details of Organization  | Post  | Date of Appointment  | Present Grade  | Basic Pay  | DA  | Total emoluments  | Date of next increment  | Nature of Post/job  |
|   |   |   |   |   |   |   |   |   |

NOTE: Attach photo copy of appointment letter and salary slip or last three moth bank statements if salaried. 17. Appointments held before joining the present post:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of post  | Name and address of employer  | Appointment Date  | Leaving Date  | Grade/Scale  | Reasons for leaving the post  | Nature of job  |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
| 17 (a)  | Total Teaching experience as a academician in years  | :  |   |  |
| 17 (b)  | Total Industrial experience in years  | :  |   |  |
| 17 (a + b)  | Total Experience in years  | :  |   |  |

NOTE: Attach photo copy of all experience letter of all employment.

1. Time Needed to join the service, if selected :

1. Other Particular, if any :

1. If you hold Membership of any Academic/Professional Societies, give details :

1. Research Activities including publications, conference/seminars :

(NOTE: Attached all the certificates mentioned in below table)

 **a.** Publications:

National / International Journals

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sr. No.  | Name of Journal  | Volume No. with Page no.  | Month and Year  | Title  |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |

1. Conference / Seminar

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sr. No.  | Name of Conference / Seminar  | Month and Year  | Organised by  | Title  |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |

1. Other Publication:

 i. Number of books published :

|  |  |  |  |
| --- | --- | --- | --- |
|  No.  | Title of the Book  | Publisher  | Year  |
| 1  |   |   |   |
| 2  |   |   |   |
| 3  |   |   |   |
| 4  |   |   |   |
| 5  |   |   |   |

 4. Other Activities

 ii. Number of Summer/ Winter Schools / Training Programs Organized/Attended : iii. Number of Seminar / Conference / Workshop / Networking Program Organized : iv. Number of Expert Lectures Delivered :

22. Name and office addresses of two persons to whom reference could be made :

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Person  | Rank/Designation  | Address  | E-mail  | Mobile/ Ph. No.  |
|   |   |   |   |   |
|   |   |   |   |   |

NOTE: Fill up all the details in reference table.

## DECLARATION

I hereby declare that:

1. The entries made in this application form are true and correct to the best of my knowledge and belief. If any part of the information given is found to be false or incorrect, I shall forfeit the claim to the post and will be liable to the disciplinary action.
2. I shall abide by the ordinances, statutes, rules and regulations that may be made by the Institute / University.

Date

:

Place

:

Name of Applicant with Signature

**For Office Use only**

Post Applied for

:

Inward No.

:

Department

:

Date of Inward

:

Candidate

:

Eligible ( ) Not Eligible ( )

Advertisement Ref. No.

:

Remarks If Any

: