



# S. S. Agrawal Homoeopathic Medical College, Navsari

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](mailto:contact@agrawaleducation.net)

Affiliated To Veer Narmad South Gujarat University, Surat

## Job Application Form for Teaching staff

Affix recent  
Colour passport  
size photograph

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 : \_\_\_\_\_
3. Mother's Name : \_\_\_\_\_
4. Date of Birth (DD/MM/YYYY) : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
5. Sex : Male (  ) Female (  )
6. Nationality : \_\_\_\_\_
7. Category : Open / OBC / SC / ST
8. Name of Language known : English - Read (  ), Speak (  ), Write (  )  
Hindi - Read (  ), Speak (  ), Write (  )  
Gujarati - Read (  ), Speak (  ), Write (  )
9. Mobile No. : + 91 - \_\_\_\_\_
10. STD Code : \_\_\_\_\_
11. Phone Number (Land Line) : \_\_\_\_\_
12. E-mail ID : \_\_\_\_\_
13. Address for correspondence : \_\_\_\_\_  
\_\_\_\_\_  
City : \_\_\_\_\_ District : \_\_\_\_\_  
State : \_\_\_\_\_ Pin Code : \_\_\_\_\_
14. Permanent Address : \_\_\_\_\_  
\_\_\_\_\_  
City : \_\_\_\_\_ District : \_\_\_\_\_  
State : \_\_\_\_\_ Pin Code : \_\_\_\_\_

Details of Education Qualifications (As on date of Advertisement)

Exam Passed	Name of Board/ University	Year of Passing	% Marks	Class	Specialization	Remarks (if any)
S. S. C.						
H. S. C.						
Graduation						
Post-Graduation						
Doctor (Ph. D.*)						
Any other						

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

15. 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.

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

19. Other Particular, if any :

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

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21. 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

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:

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.

1. I shall abide by the ordinances, statutes, rules and regulations that may be made by the Institute / University.

Date: \_\_\_\_\_

Name of Applicant with Signature \_\_\_\_\_

Place: \_\_\_\_\_