

## S. S. AGRAWAL INSTITUTE OF MANAGEMENT & TECHNOLOGY

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

APPROVED BY AICTE, NEW DELHI

AFFILIATED TO GUJARAT TECHNOLOGICAL UNIVERSITY, AHMEDABAD

Name and Date of Advertisement:   Department:   Departme		<u>Jo</u>	b A	pplicatio	on Form for Teachi	ng staff		Affix recent
Department:   Specialization:   Specialization	Name and Date of Adv	ertisement:						
1.   Name of the Candidate				epartment:	Specia		1	* *
2. Father's/Husband's Name :  3. Mother's Name :  4. Date of Birth (DOMMYYYYY) :				(Ple	ase tick √ wherever required)			
2. Father's/Husband's Name :  3. Mother's Name :  4. Date of Birth (DDMMYYYY) :	1. Name of the Can	didate :					(Please write M	Tr./ Ms./Sh./Smt./Dr./Prof.)
1.   Date of Birth (DDAMMYYYYY)   1.	2. Father's/Husband	d's Name :						
6. Nationality :	3. Mother's Name	:						
8. Name of Language known : English - Read ( ), Speak ( ), Write ( )	4. Date of Birth (DD/	/MM/YYYY) :		/ /	5.	Sex	: Male ( )	Female ( )
Hindi	6. Nationality	:			7.	Category	: Open / OBO	C/SC/ST
Gujarati - Read ( ), Speak ( ), Write ( )	8. Name of Langua	ge known :	Eng	glish – Rea	d ( ), Speak ( ), Write (	)		
9. Mobile No. : <u>+91 - 10. STD Code</u> :								
11.   Phone Number (Land Line)					_	)		
12. E-mail ID :		:						
13. Address for correspondence :		:			11. Phone	e Number (La	and Line) : _	
City :   District :		:						
State   Pin Code	13. Address for corre	spondence:						
State   Pin Code			City			District		
14. Permanent Address							·	
City :	14 Dammanant Addus		Stat	State :Pin Code :				
State : Pin Code :  15. Details of Education Qualifications (As on date of Advertisement)  Exam Passed Name of Board/University Passing % Marks Obt./CGPA Class Specialization Remarks (if any)  S. S. C. Specialization Remarks (if any)  H. S. C. Specialization Remarks (if any)  Doctorat (Ph. D.*) Any other Degree(s)/Diploma	14. Permanent Addre	SS :						
State : Pin Code :  15. Details of Education Qualifications (As on date of Advertisement)  Exam Passed Name of Board/University Passing % Marks Obt./CGPA Class Specialization Remarks (if any)  S. S. C. Specialization Remarks (if any)  H. S. C. Specialization Remarks (if any)  Doctorat (Ph. D.*) Any other Degree(s)/Diploma			City	7 •		District	•	
15. 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)			•	-				
Exam Passed Name of Board/ University Passing % Marks Obt./CGPA Class Specialization Remarks (if any)  S. S. C.  H. S. C.  Graduation  Post Graduation ()  Doctorat (Ph. D.*)  Any other Degree(s)/Diploma	15 Details of Educat	tion Qualifica			of Advortisament)	1 iii code	·	
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H. S. C.  Graduation  Post Graduation ()  Doctorat (Ph. D.*)  Any other Degree(s)/Diploma	Exam Passed				% Marks Obt./CGPA	Class	Specialization	
Graduation  Post Graduation ()  Doctorat (Ph. D.*)  Any other Degree(s)/Diploma	S. S. C.							
Post Graduation ()  Doctorat (Ph. D.*)  Any other Degree(s)/Diploma	H. S. C.							
Doctorat (Ph. D.*)  Any other Degree(s)/Diploma	Graduation							
Any other Degree(s)/Diploma	Post Graduation ()							
Degree(s)/Diploma	Doctorat (Ph. D.*)							
Degree(s)/Diploma	Any other							
NORTH A LIVE A REAL PROPERTY AND A REAL PROPER	Degree(s)/Diploma							

16	Dracant	Position	
10	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 expe	rience as a aca	demician ir	years :		
17 (b)	Total Industrial expe	erience in years	S	:		
17 (a + b)	Total Experience in			:		

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	:	
20.	If you hold Membership of any Academic/Pro-	fessional Societies, give details	:

- 21. Research Activities including publications, conference/seminars : (NOTE: Attached all the certificates mentioned in below table)
- **a.** Publications:
  - 1. National / International Journals

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

## 2. Conference / Seminar

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

i.	Number of	books published		: _				
No.		Title of the	Book	Publisher	Year			
1								
2								
3								
5								
l I	ther Activitie							
			1 1 (T) : : D	0 1/4 1/4				
ii. :::				ms Organized/Attended : _				
			_	king Program Organized : _				
iv	. Number of	Expert Lectures Deli	ivered	: _				
22. Nam	ne and office a	addresses of two pers	ons to whom reference of	could be made :				
Name o	of Person	Rank/Designation	Address	E-mail	Mobile/ Ph. No.			
NOTE: Fill up a	all the details in refere	l ence table.	<u> </u>	L	I			
			<b>DECLARATIO</b>	<u>N</u>				
I here	by declare tha	nt:						
of th	f the informat te disciplinary	ion given is found to action.	be false or incorrect, I	ct to the best of my knowledge shall forfeit the claim to the po	est and will be liable to			
Date :				Name of Applicant with Sig	onafure			
Place :	Place :							
			For Office Use of	nly				
Post Appl	ied for			Inward No.				
Departmen			·	Date of Inward	:			
Candidate		Eligible ( ) N	_	Advertisement Ref. No.	•			
					•			
Remarks I	ıı Aliy :							

3. Other Publication: