

Shree Nootan Kelavani Mandal

College Campus, Tithal Road, Valsad-396001

(THIS FORM SHOULD BE COMPLETED IN APPLICANT'S OWN HANDWRITING. SELF CERTIFIED COPIES OF TESTIMONIALS SHOULD BE ATTACHED. INFORMATION PROVIDED HERE SHALL BE KEPT CONFIDENTIAL)

To
The President/ Secretary,
Shree Nootan Kelavani Mandal,
College Campus,
Tithal Road, Valsad-396001

Affix passport size
photograph and
Sign on
Photograph

Sub. : Application for the post of Junior Clerk / Lab. Assistant Botany

Respected Sir,

In response to your advertisement published in _____, dated _____.
I submit my application for the above post.

PERSONAL DATA :

- (1) FULL NAME : _____
- (2) DATE OF BIRTH : (DD/MM/YYYY) _____ AGE _____ Yrs. _____ Months
- (3) MARITAL STATUS : Yes/No (If yes, please attaché Marriage Certificate) NO. OF DEPENDENDANTS _____
- (4) BLOOD GROUP : _____ HEIGHT _____ WEIGHT _____ M/F _____
- (5) NATIONALITY : _____ Caste: S.T. / SEBC (Please attach certificate. in case of reserve category)

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

(7) PHONE NO : ADHAR CARD NO:.....

(8) EMAIL : _____

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

Name	Relation with the Candidate	Address	Contact No.	Email Id

10) Information about languages known :-

Sr. No.	Languages Say YES or NO in (2) (3) (4) & (5)	Reading	Reading & Writing	Fluent speaking	Working Conversational Ability
	(1)	(2)	(3)	(4)	(5)
1					
2					
3					
4					

ACADEMIC RECORD :

Sr. No.	Name of the Degree	Year of Award	Subject	% of marks obtained	Class / Division awarded
1	SSC				
2	HSC				
3	Diploma with Specialization				
4	Bachelor's with Specialization				
5	Master's with Specialization				
6	CCC				
7	Others if, any				
8					
9					
10					

EXPERIENCE :

a) Experience :- Total years :- yrs. _____ month.

Sr. No.	Name of the Institution	Designation	Date of Joining	Date of Termination
1				
2				
3				
4				
5				

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		

o Other information which the candidate desires to give :- (Attach separate sheet if required)

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>	<u>Reference No. 2</u>
Name & : Address	Name & : Address
Phone No. :	Phone No. :
email :	email :

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.

PLACE :

DATE :

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)	<p><u>EXPERIENCE:</u></p> <p>Year _____ to _____ Total _____ years</p>
(B)	<p><u>SIGNIFICANT ACHIEVEMENT :-</u></p> <p>- Have you represented your University in Inter University Sports Tournament? : _____</p> <p>- Have you secured first/second/third prize at National level sports event? : _____</p> <p>- Have you been awarded with NCC 'B' or 'C' certificate? : _____</p> <p>- Have you represented your University in Inter University Cultural Competition? : _____</p>

List of documents to be attached

- | | |
|------------------------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Self attested mark sheets of all examination passed | <input type="checkbox"/> Copy of Pan Card |
| <input type="checkbox"/> SCHOOL Leaving Certificate | <input type="checkbox"/> Copy of Residence Proof |
| <input type="checkbox"/> Experience Certificate | <input type="checkbox"/> Copy of Marriage Certificate |
| <input type="checkbox"/> No Objection certificate if presently employed | <input type="checkbox"/> Copy of Caste Certificate |
| <input type="checkbox"/> Other (if any) | |

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