



ATMANAND SARASWATI SCIENCE COLLEGE (ENGLISH MEDIUM)

ADDRESS: SHREE SWAMI ATMANAND SARAWATI VIDYA SANKUL
KAPODRA, VARACHHA ROAD, SURAT-395006

WEBSITE: www.sassc.in EMAIL: asscsurat@gmail.com

JOB APPLICATION FOR TEACHING STAFF

For Office Use Only	
Advertisement Date: / / 20	Inward No with Date:
Department :	
Post Applied :	
Candidate : Eligible / Not Eligible	
Remark:	

Advertisement Date & No: _____

Post Applied for: _____

Department: _____

Specialization: _____

Passport Size
Photo

1. PERSONAL INFORMATION:

(I) Full Name (In Block Letters as in HSC Mark sheet):

(II) Father's/ Husband Name:

(III) Mother's Name:

2. Date of Birth: _____ Age [(as on date) completed years]: _____

3. Gender: _____ Marital Status: _____ Blood Group: _____

4. Nationality: _____ Religion: _____

5. Do you belong to (Please tick): OPEN / SC / ST / OBC / Person with Disabilities (PWD) / Ex–Serviceman / Dependent of Defence personnel killed / Disabled in war action / other: _____

6. CORRESPONDENCE ADDRESS:

Pin:- _____ Phone No.: Office: _____ Res: _____

Mobile: (1) _____ (2) _____

E-Mail ID: _____ Pan Card Number: _____

7. COMPUTER KNOWLEDGE:

Microsoft Office: Excel [] Word [] PowerPoint [] (Tick Mark [v] wherever applicable.)

Accounting Software (If necessary, please Specify): _____

8. LANGUAGES KNOWN:

No	Language	Writing	Reading	Speaking
1				
2				
3				
4				

9. EDUCATIONAL QUALIFICATIONS: (FROM S.S.C. ONWARDS)

No	Degree	Name of the University / Board	Year of Passing	No. of attempts	Class / Percentage / CGPA	*Equivalent Percentage in case of CGPA
1						
2						
3						
4						
5						

* Proof of Conversion from CGPA to percentage is a must

10. PROFESSIONAL EXPERIENCE: (From Present Post)

No	Employer's Name And Address	Post held	Pay Scale	Length of Service (date)		Nature of work (Adhoc / Contractual / Permanent)
				From	To	
1						
2						
3						
4						
5						
A) Academic Experience: _____ Years			B) Other Experience: _____ Years			
Total Experience (A+B): _____ Years						

11. Extra-Curricular Activities / Hobbies: _____

12. Any other relevant information: _____

13. Please give details of two References (If you have any):

(i) Name: _____

(ii) Name: _____

Designation: _____

Designation: _____

Full Address: _____

Full Address: _____

Contact No. & Fax: _____

Contact No. & Fax: _____

E-mail: _____

E-mail: _____

DECLARATION

I, _____, declare that the statements made in this application are true to the best of my knowledge and belief. I understand that misleading or wrong information supplied may lead to immediately rejection of Application/appointment if found subsequently.

Date: _____

Place: _____

(Signature of Applicant)