SHAH NAROTTAMDAS HARJIVANDAS COMMERCE COLLEGE, VALSAD

COLLEGE CAMPUS, TITHAL ROAD, VALSAD-396001

(THIS FORM SHOULD BE COMPLETED IN APPLICANTS OWN HANDWRITING, SELF CERTIFIED COPIES OF TESTIMONIALS SHOULD BE ATTACHED INFORMATION PROVIDED HERE SHALL BE KEPT CONFIDENTIAL)

To The Principal Shah . N.H. Commerce College College Campus, Tithal Road, Valsad-396001

AFFIX PASSPORT SIZE PHOTOGRAPH AND SIGN ON PHOTOGRAPH

ected Sir, esponse To Your Adv mit my application	vertisement Published Ir for the above post .	1		Dated
ONAL DATA :				
ULL NAME :	AGE:		NO OF DEDENDENI	DANTS :
RIOOD GROUP .	/ES/NO (IF YES,PLEASE ATTAC HEIGHT CASTÉ	:	_WEIGHT:	M/F:
PERME	NANT ADDRESS	2.	PRESENT ADD	<u>PRESS</u>
			TIVE WHO CAN BE CON	TACTED IN CASE (
PHONE NO: E-MAIL : NAME,ADDRESS AN EMERGENCY.	ID PHONE/FAX NO. OF T	HE NEAREST RELA	TIVE WHO CAN BE CON	TACTED IN CASE

10. INFORMATION ABOUT LANGUAGE KNOWN:

SR. NO	LANGUAGES SAY YES OR NO IN (2) (3) (4) & (5)	READING	READING AND WRITING	FLUENT SPEAKING	WORKING CONVERSATIONAL ABILITY
	(1)	(2)	(3)	(4)	(5)

1			
2			
3			
4			
5			

ACADEMIC RECORD:

NAME OF THE DEGREE	YEAR OF	SUBJECT	% OF MARKS	CLASS/DIVISON
	AWARD		OBTAINED	AWARDED
SSC		A.		
HSC				
DIPLOMA WITH				
SPECIALIZATION				
BACHELOR'S WITH SPECIALIZATION				
MASTER'S WITH SPECIALIZATION	,			
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EXPERIENCE:

a)	Experience: - Total years -	yrsmth.		
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)

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

Date		Organization	Type of Training (Give Details)	
From	To			

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
- J	1 05 / 100
f yes, Give Details:	
	Yes / No

Reference No	CES:	Reference No. 2	
		Name & :	
Name& : Address		Address	
Address			
Phone No. :		Phone No. :	
E Mad		E.Mail	
E.Mail :			
ertify that inform	ation provided in this form is true and correct to be false. I am liable to be dismissed and an	to the best of my knowledge and belief. I am aware that if an ay such actions as the management deem fit.	ny ofthe above
ACE :		SIGNATUREOFAP	PLICANT
TE :		SIGNATURE	
te:	a details in the attached sheet and for e	each item, attach the attested copies of corresponding	ngcertificates
Person already	serving in other Educational Institutes sh	ould apply through their respective Institutional heads	
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EX	PERIENCE:		
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Ye	ar	10 10141	
	CHIENEMENT.		
<u>S10</u>	GNIFICANT ACHIEVEMENT :-	in in Inter University Sports Tournament	
SI	- Have you represented your Univ	ersity in Inter University Sports Tournament?	:
SI	- Have you represented your Univ	/third prize at National level sports event?	:
<u>S1</u>	 Have you represented your Univ Have you secured first/second Have you been awarded with 	hthird prize at National level sports event? NCC 'B' or 'C' certificate?	:
SI	 Have you represented your Univ Have you secured first/second Have you been awarded with 	hthird prize at National level sports event? NCC 'B' or 'C' certificate?	
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