



# Shree Swami Atmanand Saraswati Institute Of Technology

(Approved by AICTE and Affiliated to GTU)

Shree Swami Atmanand Saraswati Vidyasankul

Kapodra, Varachha Road, Surat-395006.

Visit us at: [www.ssasit.ac.in](http://www.ssasit.ac.in) Email: [ssasit@admin.ac.in](mailto:ssasit@admin.ac.in)

## Application Form for Non-Teaching Staff

Advertisement Date: 18/01/2024

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

Post Applied for: \_\_\_\_\_

### PERSONAL DATA:

1) FULL NAME: \_\_\_\_\_

2) MOTHER'S NAME: \_\_\_\_\_

3) DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

4) GENDER: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

5) BLOOD GROUP: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

6) NATIONALITY: \_\_\_\_\_ RELIGION: \_\_\_\_\_ CASTE: \_\_\_\_\_

7) RESIDENTIAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8) MOBILE NO: 1. \_\_\_\_\_ 2. \_\_\_\_\_

9) E-MAIL: \_\_\_\_\_

10) ADHARCARD NO. \_\_\_\_\_ PANCARD NO. \_\_\_\_\_

### 11) ACADEMIC RECORDS:

(Percentage or Credit earned up to the first place & decimal)

Degrees	Specialization	University	Year of Award	Percentage Obtained	Class Awarded
I.T.I/OTHER					
Diploma					
Bachelor					
Master					

### 12) COMPUTER KNOWLEDGE:

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

Accounting Software: (please specify): \_\_\_\_\_

Please affix duly signed recent passport size photograph

**13) LANGUAGES KNOWN: Tick Mark [v] wherever applicable.**

Proficiency in English : Writing [ ] Reading [ ] Typewriting [ ] Proficiency in Gujarati : Writing [ ] Reading [ ] Typewriting [ ]

**14) PROFESSIONAL EXPERIENCE: (In chronological order start with your present/last employment)**

S r No	Name of the Employer	Place of Employment	Designation	Period		Total year /month	Last salary drawn
				From	To		
1							
2							
3							
4							
5							
A) Academic Experience:_____years			B) Other Experience:_____years				
Total Experience in Years (A+B)							

**15) CO-CURRICULAR ACTIVITY: (Attach Separate Sheet)**

Briefly describe activities undertaken during studies and prizes/awards won etc. (if any) (Attach copies of certificates)

**16) PLEASE GIVE DETAILS OF TWO REFERENCES.**

Reference No.1	Reference No.2
Name:	Name:
Address:	Address:
Phone no:	Phone no:
E-mail:	E-mail:

I certify that information provided in this form is true and correct to the best of my knowledge and belief. Wrong /Misleading information shall reject my application/ appointment.

Date:

Place:

\_\_\_\_\_  
Signature of Applicant

Note:

- 1) Fill up the form in your own handwriting and send it to us through registered post or at institute Office.
- 2) Please attach the self-attested certificates of qualification & experience.