



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 Email: ssasit@admin.ac.in

Application Form for Non-Teaching Staff

Advertisement Date: 30/01/2025

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.