SICA College, Indore

Post Applied For\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| 1. Source of Information(Name of Person / Email / News Paper / Others) |  |
| 2. Name in Full (Capital Letters) (as per 10th Mark sheet) |  |
| 3. Date of Birth (DD/MM/YYYY) |  |
|  | Mr. / Ms. ………………………………………………………....................... |
|  | ……………………………………………………………………………..… |
| 4. Address to which communications |  |
| should be sent | Pin:……………………..………Blood Group……………………………… |
| (also furnish email, telephone number) |  |
|  | E-mail : |
|  | Mobile : Landline No.: |
| 5. Permanent Address |  |
| 6. Father’s / Husband’s Name |  |
| 7. Father’s / Husband’s Occupation |  |
| 8. Marital Status (a. Single / Married)If married (b. No. of Children) | a.b. |
| 9. a. Nationalityb. Caste (SC / ST / OBC / GEN.) | a.b. |

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| 10. Academic Qualification starting - (Attach Self attested photocopies of certificates, mark sheets and degrees) |
| Examination Passed | Subjects / Branch | Medium of Education | Year of Passing | Percentage/ GPA | Name of the Institution / Board |
| High School (X) |  |  |  |  |  |
| Higher Secondary(XII) |  |  |  |  |  |
| Under Graduation(B.A./B.Com./B.Sc./ B.E.,BBA) |  |  |  |  |  |
| Post Graduation(M.A./M.Com./M.Sc/ M.Tech./MBA/ MCA) |  |  |  |  |  |
| Others(please specify) |  |  |  |  |  |

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| 11. Teaching / Administrative / Industrial Experience – Total No. of years. (Attach Experience Certificates) |
| Name of the Institution / Organization | Designation | Salary Consolidated | Duration with dates | Reason for leaving |
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| 12. Languages known: |
| Spoken | Written | Fluency |
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13. Computer Literacy

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| 14. Name, Address & Mobile No. of two references (other than SICA College). |
| 1). | 2) |

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| 1. What else can you contribute towards the all-round development of SICA College apart from teaching? Please specify your area of preference.
	1.
	2.
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| 1. Expected Salary
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| 1. Duration for how long you propose / undertake to work in SICA College
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DECLARATION:

I hereby declare that the information given above is correct and to the best of my knowledge and belief. I fully understand that if it is found at a later date that any information given in the application is incorrect/false or if I do not satisfy the eligibility criteria, my candidature/appointment is liable to be cancelled / terminated.

Place : Signature of the Applicant

Date : (Name in Block Letters)

Please attach certificate, resume & testimonials, along with this application.)