J.M.Shah Arts & Commerce College, Jambusar College Campus, Tankari Bhagol, Jambusar- 392150

(THIS FORM SHOULD BE COMPLETED IN APPLICATIONS OWN HANDRITING, SELF CERTIFIED COPIES OF TESTIMONILAS SHOULD BE ATTEACHED INFORMATION PROVIED HERE SHALL BEE KEPT CONFIDENTIAL)

To,	
The Principal,	
J.M.Shah Arts & Commerc	ce College,
College Campus,	
Tankari Bhagol,	
Jambusar-392150	

Affix Passport size photograph and Sign on Photograph

Sub.: Application for the post of Senior Clerk. Respected Sir, In response to your advertisement published in....., dated...... I submit my application for the above post. PERSONAL DATA: (1) FULL NAME (2) DATE OF BIRTH :(DD/MM/YYYY)......Age.....Yrs.....Months :Yes/No(If Yes, Please attaché Marriage Certificate (3) MARITAL STATUS: NO. Dependendants:.... :.....WEIGHT......M/F...... (4) BLOOD GROUP (5) NATIONALITY PERMANENT ADDRESS PRESENT ADDRESS (6)(7) PHONE NO (8) EMAIL (9) NAME, ADDRESS AND PHONE/FAX NO. OF THE NEAREST RELATIVE WHO CAN BE CONTACTED IN CASE OF EMERGENCY. Email ID Relation with the Name Address Contact No. Candidate

10) Information about languages known:-

Sr.No.	Languages Say Yes or No in (2) (3) (4) & (5)	Reading	Reading & Writing	Fluent speaking	Working Conversational Ability
	(1)	(2)	(3)	(4)	(5)
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2					
3					
4					
5					

ACADEMIC RECORD :

Sr.No.	Name of the Degree	Year of Award	Subject	% of marks obtained	Class/ Division awarded
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2	HSC				
3					
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PER	ERIENCE: Experience: Total Years-				Yrs		Mth.
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AED Have y If Yes,	ou any Di Give Deta ou unders	HISTOR isabilities? nils:	Y:	llness in las			Yes/No
Have y If Yes, Have y If Yes,	ou any Di Give Deta ou unders describe v	HISTOR (sabilities? nils: gone any ma when and ty	Y: jor surgery or il	llness in las			Yes/No
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Have y If Yes, Have y If Yes, Are yo If Yes,	ou any Di Give Deta ou unders describe v u sufferin Give Deta	HISTOR isabilities? mils: gone any ma when and ty og from any ma ails:	jor surgery or il pes of surgery /	llness in las			Yes/No Yes/No
Have y If Yes, Have y If Yes, Are yo Are yo	ou any Di Give Deta ou unders describe v u sufferin Give Deta	HISTOR isabilities? mils: gone any ma when and ty ag from any to	jor surgery or il pes of surgery /	llness in las			Yes/No Yes/No
Have y If Yes, Have y If Yes, Are yo If Yes, Are yo If yes,	ou any Di Give Deta ou unders describe v u sufferin Give Deta u on Med	HISTOR isabilities? mils: gone any ma when and ty ails: lication / Tre nils:	jor surgery or il pes of surgery /	Ilness in las	t five years?		Yes/No Yes/No

REFER	ENCE	S:					
Reference	No.1		Reference No.1				
Name &			Name &				
Address:			Address:				
Phone No	.:		Phone No.:				
E-Mail:			E-Mail:				
oelief. I an	n aware tl	nation provided in this form is nat if any of the above particul uch actions as the managemen	s true and correct to the best of my knowledge and lars are found to be false, I am liable to be nt deem fit.				
DATE:		•	Signature of applicant				
Note:							
(1) Plo	ease fill in th	e details in the attached sheet and for ea	ach item, attach the attested copies of corresponding certificates,				
(2) Pe	rson already	serving in other Educational Institutes	should apply through their respective Institutional heads.				
		(SUPPLEMEN	NTARY DATA)				
(A)	EXPER	EXPERIENCE:					
	YEAR:	AR:TotalYr/s					
(B)	SIGNI	SIGNIFICANT ACHIEVEMENT:-					
		-Have you represented your University in Inter University Sports Tournament?					
		-Have you secured first/second/third prize at National Level Sports event?					
	-Have you been awarded with NCC 'B' of 'C' Certificate?						
	<u> </u>	-Have you represented your University in Inter University Cultural Competition?					
		to be attached	Copy of Pan Card				
	Self-attested mark sheets of all Examination passed Leaving Certificate Copy of Pan Card Copy of Residence Proof						
Experience Certificate No Objection Certificate if presently employed Other (if any) Copy of Marriage Certificate Copy of Caste Certificate							
I hereby decla	re that all state	ements made in this application are true and	d correct to the best of my knowledge and belief.				
PLACE:							