



**RASHTREEYA SIKSHANA SAMITHI TRUST
R V EDUCATIONAL INSTITUTIONS**

APPLICATION FORM(Non-Teaching)

General Instructions:

Fill the form in **BLOCK LETTERS**. All columns and fields are **Mandatory**.

| | | | |
|--|--|---|--|
| Date of Application | | Source of Information on opening | |
| Position Applied for | | Institution Applied for | |
| Details of relatives employed in R V Institutions : | | | |

EMPLOYEE INFORMATION

| | | | | |
|--|-------------------|-----------------------|------------------------------|----------------------|
| Title (Mr./Mrs./Ms.) | First Name | | Last Name | |
| Gender (Male Female) | | Date of Birth: | | Blood Group |
| Marital Status | | Birth Place | | Nationality |
| Date of Marriage | | State | | Mobile No.(1) |
| No. Of Children | | Country | | Mobile No.(2) |
| E-mail ID: | | | Physically Challenged | (Yes / No) |
| Category SC/ST/OBC/GEN | | Religion/Caste | | Sub-caste |
| Permanent Address | | | | |
| Present Address | | | | |
| Are you a EPF member in previous employment. If yes, give the details of UAN/PF Account No. | | | | |

EDUCATION DETAILS

ACADEMIC QUALIFICATION

| Type of Education | From (Date) | To (Date) | Qualification | Specialization/ Discipline | Institute / Board / University | State / Country | Type of Course (Full Time / Part Time) | % age / CGPA | Division |
|--------------------------|--------------------|------------------|----------------------|---------------------------------------|---------------------------------------|------------------------|---|---------------------|-----------------|
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Any Health related problems (including Physical/ Visual Disability and Chronic Aliments).



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| | | | | |
|---|-------------------|--|-------------|--------------|
| Languages known & fluency: (Good/ Fair/ Slight) | | | | |
| <u>Language</u> | <u>Understand</u> | <u>Speak</u> | <u>Read</u> | <u>Write</u> |
| | | | | |
| Extra-curricular activities/ hobbies: | | | | |
| | | | | |
| Membership of Professional Bodies/ Social Organizations/ Clubs & Societies (Please list only the memberships which are current and valid): | | | | |
| <u>Name of the Organization</u> | | <u>Type of membership (Ordinary/ Life)</u> | | |
| | | | | |
| Any Patents / Awards certificates received or any other special work done. | | | | |
| | | | | |

INDUSTRIAL OR ANY OTHER EXPERIENCE

| Sl. No | Employer | Position held | Date of joining | Date of leaving | Gross Salary |
|--------|----------|---------------|-----------------|-----------------|--------------|
| | | | | | |
| | | | | | |
| | | | | | |

ANY OTHER CERTIFICATE COURSES COMPLETED/PROFESSIONAL TRAINING UNDERGONE)

| Sl. No | Nature of the Course | Organising Agency | Place | Duration | |
|--------|----------------------|-------------------|-------|----------|----|
| | | | | From | To |
| | | | | | |
| | | | | | |



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Write a short description about the following:

- a. Please indicate as to why you wish to join RV Institutions?

- b. How in your opinion do you meet the job requirement?

- c. A short paragraph about the development work that you would like to take up at RV.

- d. Indicate your future plan to upgrade knowledge/ qualification.

PROFESSIONAL REFERENCE

| S. No. | Name of the Person | Company | Place | Contact No. |
|--------|--------------------|---------|-------|-------------|
| | | | | |
| | | | | |

I hereby certify that all information provided in this document along with the certificates / testimonials are true and accurate to the best of my knowledge and belief. I understand that any misrepresentation of information may lead to termination of services.

Signature:

Date:

Place: