



SARDAR VALLABHBHAI PATEL INSTITUTE OF TECHNOLOGY - VASAD

SUMMARY SHEET (To be written legibly or typed neatly)

Name :		Date of Birth:		
Category:		FWD: Yes / No.		
Post applied for:		Department:		
<u>Qualifications:</u>	Degree	Class/Grade	Year	University
UG				
PG				
PhD				
Others				
Total Experience: <input type="text"/> Years		Post Ph.D. Experience: <input type="text"/> Years		
Teaching:				
Position	Basic Pay	AGP	From	To
Professor				
Associate Professor				
Assistant Professor				
Industry:		Years		
Research:		Years		
Present Employer (if applicable) and Basic Pay with AGP:				
No. of Publications	National		International	
Journal Papers				
Papers in Conference Proceedings				
Books				
Chapters in Books				
Patents				
M.E. thesis Guided				
Ph.D. thesis Guided				
Projects	Total value (Rs. in Lakhs)			
	≤ 2 Lakhs	2 to 5 Lakhs	5 to 30 Lakhs	> 30 Lakhs
Research				
Consultancy				
Awards / Distinctions, if any:				
Place :				
Date:		Signature of the Applicant		



SARDAR VALLABHBHAI PATEL INSTITUTE OF TECHNOLOGY

SVIT- VASAD

B/h. S.T. Bus Depo, Vasad – 388 306, Dist: Anand

Phone No: (02692) 274766, 274489,

Fax: (02692) 274540

Recent passport size
color photograph to
be affixed

APPLICATION FOR THE POST OF _____ in _____
(Department)

SPECIALIZATION _____

- 1 Name in Full: _____ Gender: _____
- 2 Nationality: _____ Place of Birth: _____
Date of Birth: _____ Age: _____
- 3 Category: _____ Marital Status: _____
- 4 Particulars of Educational Qualifications:

Sr. No.	Degree Obtained & Branch / Specialization (specify)	Name of the University/Institute	Year of Passing	% of Marks/ CGPA	Class/ Division
1	Bachelor's Degree				
2	Master's Degree				
3	Ph.D. Degree				
4	Others (if any)				

- 5 Title of PG/Ph.D. Thesis with name of Ph.D. Guide.

Degree	Title of Thesis	Guide	University
i) P.G.			
ii) Ph.D.			

6 Details of Experience:

i) Teaching Experience : years Post Ph.D. Experience years

Sr. No.	Name of the organization where employed	Designation	Date of Joining	Date of leaving	Last Pay Band and Grade Pay*
1.					
2.					
3.					
4.					

ii) Research Experience: years

Sr. No.	Name of the organization where employed	Designation	Date of Joining	Date of leaving	Last Pay Band and Grade Pay*
1.					
2.					
3.					
4.					

iii) Industrial Experience: years

Sr. No.	Name of Industry	Designation	Date of Joining	Date of leaving	Salary Drawn
1.					
2.					
3.					

7 i) Total Research Publications / Presentations

Sr. No.	Nature	Published	Accepted
1.	Books		
2.	Chapters		
3.	Referred Journals	National	
		International	
4.	Presentations (Proceedings)	National	
		International	

7 ii) Research Projects:

Sr. No.	Title of the Project	Amount in Rs.	Funding Agency	Period	Remarks (Completed/ Ongoing)
1.					
2.					
3.					
4.					

7 iii) No. of PG dissertations / Ph.D. thesis guided: P.G. Ph.D.

8 Patents

Sr. No.	Name of the patent	Year	Organization
1.			
2.			
3.			

9 Consultancy

Sr. No.	Name of Organization	Year	Amount (Rs.)
1.			
2.			
3.			

10 a) Minimum Pay expected: Basic and AGP:

(Should not be treated as agreed even if called for Interview and selected)

b) Time required to join the Institute, if selected: _____

11 Honours / Awards / Distinctions, if any:

12 Name and addresses of two professional referees (who are not related to the applicant) who are in a position to testify from their personal knowledge as to the fitness of the applicant for the post applied for:

I) Name: _____
Designation: _____
Address: _____

Email: _____ Mo.No. _____

II) Name: _____
Designation: _____
Address: _____

Email: _____ Mo.No. _____

13 I) Address for correspondence:

Email: _____ Mo.No. _____

II) Permanent Address:

14 Any other information relevant to the Post applied for, such as:

i) Memberships/Fellowship and position of responsibility in Professional Societies:

a) _____

b) _____

ii) Attainments in sports and extra-curricular activities (including N.C.C.)

a) _____

b) _____

15 Candidate should submit BIO-DATA separately.

16 Copies of documents enclosed:

Declaration:

I hereby solemnly declare that the information furnished above is true and correct and I am responsible for the veracity of the same.

Place:

Date:

Signature of the Applicant

N.B. Every application must be accompanied by self-attested photo copies of documents in support of claims made by the candidate in respect of date of birth, academic qualifications, practical training, experience, caste, projects, publications, consultancy etc.

(To be filled in by the present employer)

No Objection Certificate

Place:

Signature of the Forwarding Authority:

Date:

Designation:

Office Seal:

(TO BE USED BY THE INSTITUTE OFFICE ONLY)

Date of Receipt:

Registration No. 01/2015/_____

Signature of the Receiving Officer

Important Note:-

Application must be in the prescribed Form & supported by Certified Copies of all Mark-sheets, School Leaving Certificate & Passing Certificates of Old S.S.C. / H.S.C. and all Degrees / Diplomas obtained. Applicants in service must forward applications through the employer. Incomplete application/s will be rejected.

Applicants called for Interview will have to come at their own cost.

Document list for candidates. All the documents must be self attested

- | | | | | |
|---|-----|-----------------------|----|-----------------------|
| a) Final degree certificate of Ph. D. degree | Yes | <input type="radio"/> | No | <input type="radio"/> |
| b) Final degree certificate of Master's degree | Yes | <input type="radio"/> | No | <input type="radio"/> |
| c) Final year's mark sheet's of Master's degree | Yes | <input type="radio"/> | No | <input type="radio"/> |
| d) Final degree certificate of Bachelor's degree | Yes | <input type="radio"/> | No | <input type="radio"/> |
| e) Final year's mark sheet's of Bachelor's degree | Yes | <input type="radio"/> | No | <input type="radio"/> |
| f) UGC approval letter for degree from private university | Yes | <input type="radio"/> | No | <input type="radio"/> |
| g) Copy of PAN card / School Leaving certificate | Yes | <input type="radio"/> | No | <input type="radio"/> |
| h) Experience certificates | Yes | <input type="radio"/> | No | <input type="radio"/> |
| i) Marriage certificate for change of name | Yes | <input type="radio"/> | No | <input type="radio"/> |
| j) PCI/COA registration certificate (For pharmacy/Architecture) | Yes | <input type="radio"/> | No | <input type="radio"/> |

Space for Office Use

Inward No.: _____ Date of Receipt of Application Form: _____

Date: _____ Post Applied: _____

Present Employer: _____ Department: _____

Candidate: Eligible / Not Eligible Total Experience: _____

Remark: _____ Through Proper Channel / NOC : Yes / No