

APPLICATION FORM FOR GIMAC POSITION(S)

(Note: Please go through the Advertisement, Essential and Desirable Qualifications, General Conditions and Other Details given on the website http://gimac.in carefully before filling-up the Application Form)

Post applied for (As given in Advertisement)		
SECTION – A: GENERAL		
1. Full Name (In Block Letters) Dr./Mr./Mrs/Ms		
2. Date of Birth (in words)		i iiiiii iici c u
3. Father's/Spouse's Name		Recent Passport
4. Mailing Address		Photograph
Pin Code		
Tel. No. (with STD code)Mobile		
E-mail ID		
5. Permanent Address		
Pin Code		
6. Marital Status7. Nationality	·····	
8. Category: SC/ST/General		
9. Physical disability, if any		

Name of the Applicant:	
Signature with date:	



10. EDUCATIONAL QUALIFICATIONS (use separate sheet if required):

S. No.	Examination/Degree	Name of Board/ University	Percentage of Marks/Final Grade	Subject(s)	Year of Passing
1	SSC (10 th Standard)				
2	HSC (12 th Standard)				
3	Bachelor's Degree ()				
4	Master's Degree ()				
5					
6					
7					
8					

(Please attach self-attested photocopies of the Mark sheets in support)

11. Details of Employment Experience: (In chronological order starting with the most recent) (Attach supporting document of each entry and separate sheet if necessary)

S. No.		Period		Responsibility		
NO.	Employer	Scale OF Fay		From	То	
1						
2						
3						
4						
Total	Total Experience: - YearMonthDays					



12. Co-curricular, extension and professional development related activities

1) Student related co-curricular, extension and field based activities (such as extension work through NSS/NCC and other channels, cultural activities, subject related events, advisement and counseling).

S. No.	Description
1	
2	
3	
4	

2) Contribution to corporate life and management of the department and institution through participation in academic and administrative committees and responsibilities.

S. No.	Description
1	
2	
3	
4	

 Professional development activities (such as participation in seminars, conferences, short term, training courses, talks, lectures, membership of associations, dissemination and general articles, etc.)

S. No.	Description
1	
2	
3	
4	



13. Refresher Course, Methodology, Workshops, Training, Management Development Programs, etc. attended. (Please attach separate sheet, if necessary):

S. No.	Name of the activity	Institution From	Duration	
	attended		То	
1				
2				
3				
4				

OTHER MISCELLANEOUS INFORMATION

14. (a) Membership/Fellowship of other institution/professional societies:

(b) Other activities/Institutional Responsibilities:

(c) Any other relevant information, if not given above:

15. (a) Have you been punished during your services or convicted by a court of law/authority? If so, give details:

(b) Is any case/inquiry pending against you in any court of law/authority? If yes, give details:

Name of the Applicant:-_____

Signature with date:-_____



(c) Have you at any time declared medically unfit or asked to submit your resignation or discharged or dismissed on medical grounds? If yes, give details sheet:

16. If selected for appointment, the minimum period required for joining the post?

17. Names and Addresses of Two Referees with phone and email ID:

18. List of Enclosures:

(a)	Copies of Mark-sheets & certificate of educational Qualification	
(b)	Copies of other relevant certificate &	
	documents.	

19. Application Fees Details

Amount: Bank Draft No: Date: Date:	
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Drawn On:.....(Name of the Bank)

Name of the Applicant:-	
Signature with date:	



20. DECLARATION TO BE SIGNED BY THE CANDIDATE

I, hereby, declare that the information given by me in the application is true, complete and correct to the best of my knowledge and belief and nothing has been concealed or distorted. If at any time, I am found to have concealed/distorted any information or given any false statement, my application/appointment shall be liable to summarily rejection/termination without notice or compensation.

I hereby declare that, I possess the minimum qualification criteria for the post applied as per the advertisement.

Date: _____ Place:_____

(Signature of the Applicant)

For use of applicants in employment (certificate to be given by present employer of the applicant):

Forw	arded with the remarks that Mr./Ms.			is working in
this organiz	ation in the capacity as	from	to	in pay
band	and grade pay	The institution/ orga	inization has no	o objection to
the candida	ture of the applicant being consider	ed for the post applied for	[.] as above.	

He/ She will be relived as per the rules, if he/she is selected for the said post.

Place:	
Date:	·····
Fax:	
E-mail:	

Signature of Hea	d/Registrar of the Institution
Name:	
Designation:	
Address:	

(Office Stamp)

Name of the Applicant:	
Signature with date:	