



Shri Nagpur Gujarati Mandal's
(A Gujarati Linguistic Minority Institution)

V.M.V. COMMERCE J.M.T. ARTS & J.J.P. SCIENCE COLLEGE

WARDHAMAN NAGAR, NAGPUR-440 008. ☎ : 0712-2764391

website : www.vmvjmtjjpc.edu.in

e-mail : vmvnagpur@gmail.com

Affiliated to Rashtrasant Tukadoji Maharaj Nagpur University, Nagpur

NAAC RE-ACCREDITED 'B+' GRADE

For Office Use only (Please do not fill in this box)

Qualifications :

Academic :- _____

Professional :- _____

Teaching Experience :- _____

Any other information : _____

Eligible / Not eligible

Sign. :- (_____)

Name :- (_____)

(Signature of the concerned person with name & designation)

Affix recent
Passport size
Photograph
with
Attestation

To,

The Principal,
VMV Commerce JMT Arts and JJP Science College,
Wardhaman Nagar, Nagpur – 440 008.

**Subject :- APPLICATION FOR THE POST OF SHIKSHAN SEVAK IN THE SUBJECT OF _____
FOR JUNIOR COLLEGE.**

Reference :- Your Advertisement dtd. _____ appeared in the daily _____

With reference to the above-mentioned Advertisement, I, the undersigned, hereby apply for the post of _____ and state as follows :-

1. Name in full :- _____
(In Block Capital letters)
2. Father's / Husband's Name :- _____
3. Full Residential Address and Contact Numbers :-

Local/Present Address

Permanent Address

City _____ State _____

City _____ State _____

Pin Code _____

Pin Code _____

LL / Res. No. with STD Code _____

LL / Res. No. with STD Code _____

Mobile No. _____

Mobile No. _____

4. e-mail ID :- _____

5. Date of Birth :- ____/____/_____
(along with the Certificate) DD / MM / YYYY In words _____

6. Mother Tongue :- _____ Languages known (Speak, Read, Write) :- _____

7. Caste :- _____ Caste Category :- _____ Religion :- _____ Nationality :- _____

8. Academic Qualifications (from SSC onwards) :-

Name of the Examination passed	Year of Passing	Name of the Board / University	Subjects offered	Marks obtained (out of)	Percentage	Division
S.S.C.						
H.S.S.C.						
U.G. (B.A./B.Com./B.Sc.)						
P.G. (M.A./M.Com./M.Sc.)						
B.Ed.						
Any other						

Note :- Please attach Mark sheets of all years/semesters of Graduation and Post-Graduation.

9. Technical Qualifications (Computer Courses / Typing & others)

S. N.	Name of Examination	Name of Board	Year of Passing	Marks / Percentage obtained	Grade / Division obtained

Note :- Please attach Certificate / Marksheet of each exam.

10. Experience if any along with the copy of appointment order or certificate.

S. N.	Designation	Name of the Office / College / School / Employer	Nature of Appointment	Designation	Salary / Pay drawn	Period of Service		Total Experience (in Years / Months)
						From	To	

Note :- Attach a separate sheet giving nature of work performed by you in previous employment.

11. Any other information (if any) :- _____

12. Please state any vigilance case or :- Yes / No (If yes, give details and attach documents)
any Departmental Enquiry or any
Legal case in any Court of Law _____
that is pending or being _____
contemplated against you. _____

13. Certificate of Physical and Mental Fitness from Medical Advisor with date of examination to be attached.

14. Two reference with addresses :-

1. _____ 2. _____

Ph.No. _____ Ph.No. _____

DECLARATION

I, do hereby declare that the aforesaid information submitted by me is true to the best of my knowledge and belief and if found false / incorrect, I shall be rendered disqualified and I shall have no claim for the above-said post.

Place :- _____

Signature of the Applicant :- _____

Date :- _____

Name of the Applicant :- _____

15. **Enclosures** :-
- | | |
|--|---|
| 1. Leaving Certificate / TC | 2. 10 th Mark-sheet / Board Certificate |
| 3. 12 th Mark-sheet / Board Certificate | 4. Mark-sheet of 1 st , 2 nd & 3 rd year of Graduation |
| 5. Mark-sheet of 1 st & 2 nd year of Post Graduation | 6. Mark-sheet of B.Ed. with Degree Certificate |
| 7. Certificates of Technical Qualifications (if any) | 8. Certificates of other Qualification (if any) |
| 9. Experience Certificate (if any) | 10. Physical & Mental Fitness Certificate |

16. Those who are already employed should forward their application through Head of the Institution.

Name of the Employer & :- _____
Address _____

Place :- _____

Date :- _____

Signature of the Employer with Name & Seal _____