



SHIVA INSTITUTE OF ENGINEERING & TECHNOLOGY BILASPUR (H.P.)

www.siethp.ac.in

Name of the Post Applied for _____

Note: -

- Separate application forms must be sent for separate posts.
- Application received after the due date or found in-complete is liable to be rejected.

Paste recent
photograph

- Post applied for _____ in _____.
- Name (in block letters) _____.
- Father's Name (in block letters) _____.
- Present postal address (in block letters) along with Tel. No. _____

- Permanent Home address (in block letters) _____

- a) Educational qualifications (from Matriculation onwards)

Exams Passed	Specialisation	Univ. / Board	Year & Month of passing	Marks Obtained / Total Marks	Percentage / Division	Subjects	Position in the Univ. / College if any
Matric							
10 + 2							
B.A / B.Sc.							
Diploma or Equivalent							
B.E / B.Tech or equivalent							
1 st semester							
2 nd semester							
3 rd semester							
4 th semester							
5 th semester							
6 th semester							
7 th semester							
8 th semester							
Cumulative result of 1 st to 8 th semester							
M.E / M.Tech / M.Sc.							
Ph.D							
Any other							

7. a) Nationality _____

c) Marital Status _____

8. a) Date of Birth _____
 b) Age as on the last date for submission of completed Application form :- Years _____ Months _____ Days _____

** Note: - Strike out whichever examination has not been passed / not applicable

Signature of the Applicant

9. Research Publications (separate detailed list of publications to be attached as Annexure, for each)

<u>Publications</u>	<u>Published / Accepted for Publication</u>	<u>Nos</u>
1. Paper in International Journals.		
2. Paper in Indian Journals		
3. Papers in Conference / Symposium & seminars etc.		
4. Books		

10. List of all previous employment in order (Starting with most recent post held)

Name of Employer	Post held	Pay Scale	Period From To	Brief Description of Duties	Reasons for Leavings

11. Total experience (Attach Annexures for details)

12. Any other relevant information _____

13. List of Certificates & testimonials (Attested Copies)

(i) _____	(ii) _____
(iii) _____	(iv) _____
(v) _____	(vi) _____
(vii) _____	(viii) _____

CERTIFICATE

Certified that the contents given in the application form and the documents attached therewith are true and correct to the best of my knowledge.

Place
Dated:

(Signature of the applicant)

For Office Use Only

Check List :

- | | | |
|---|----------|----------|
| 1. Does the candidate fulfill essential qualification? | Yes / No | |
| 2. Does the candidate have the required minimum experience? | | Yes / No |
| 3. Eligible / Not Eligible. | | |
| 4. Special remarks (for Non – Eligibility) | | |

Signature of Dealing Assistant