



Managed By: Shree Tapi Brahmcharyashram Sabha, Surat.  
**TAPI DIPLOMA ENGINEERING COLLEGE**

Formerly : Shree Tapi Brahmcharyashram Sabha College of Diploma Engineering

Approved by AICTE New Delhi & Affiliated to GTU Ahmedabad

Accredited by N.B.A. (Mechanical, Civil & Computer)

(National Board of Accreditation, New Delhi.)

**Shree Swami Atmanand Saraswati Vidya Sankul**

Kapodra, Varachha Road, Surat-395006 (Gujarat), Email.: stbs\_29@yahoo.co.in, Website.: www.tapidiploma.org

Ph. : 0261-2571671/679 Fax : 0261-2571692



Advertisement No.: 01//2021

Date: \_\_\_\_\_

Post Applied for.: \_\_\_\_\_

Department .: \_\_\_\_\_

**Personal Data.:**

1) FULL NAME: \_\_\_\_\_

2) DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

3) GENDER: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

4) BLOOD GROUP: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

5) NATIONALITY: \_\_\_\_\_ RELIGION: \_\_\_\_\_ CASTE: \_\_\_\_\_

6) PERMANENT ADDRESS: \_\_\_\_\_

7) PHONE No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_

8) EMAIL: \_\_\_\_\_

9) ACADEMIC RECORDS:

(Percentage or credit earned up to the first place & Decimal)

Degrees	Specialization	University	Year of Award	Percentage Obtained	Class Awarded
Bachelor					
Master					
Doctorate					
Other					

Please affix  
duly signed  
recent  
Passport size  
photograph

10) GATE SCORE: \_\_\_\_\_ OBTAINED DON: \_\_\_\_\_ VALID TILL: \_\_\_\_\_

11) PROFESSIONAL EXPERIENCE:

(In Chronological Order) start with your present/last employment)

Sr. No.	Name of the Employer	Place of Employment	Designation	Period		Total Years/ Months	Last Salary Drawn
				From	To		
A) Teaching Experience: _____ Years			B) Industrial Experience: _____ Years				
<b>Total Experience in Years(A+B)</b>							

12) CO-CURRICULAR ACTIVITY:(Attach Separate sheet)

Briefly describe activities undertaken during studies and prizes/awards won etc.(if any)

(Attach copies of certificates)

13) MEMBERSHIP OF TECHNICAL SOCIETIES (If any): \_\_\_\_\_

14) PLEASE GIVE DETAILS OF TWO REFERENCES

Reference No.1	Reference No.2
Name:	Name:
Address:	Address:
Phone No.:	Phone No.:
E-Mail:	E-Mail:

I certify that information provided in this form is true and correct to the best of my knowledge and belief. Wrong/misleading information shall reject your application/appointment.

**Date:** \_\_\_\_\_

**Place:**

**Signature of Applicant**

Note:

- 1) Fill up the form in your own hand writing and send it to us through Registered Post.
- 2) Please attach these If attested certificates of qualification & experience.