



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 & Computer)

(National Board of Accreditation, New Delhi.)

**Shree Swami Atmanand Saraswati Vidya Sankul**

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



**Advertisement No.: 01/2026**

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

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

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

**Personal Data.**

Please affix  
Duly signed  
recent  
Passport size  
Photograph

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) E- mail: \_\_\_\_\_

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					

10) GATE SCORE: \_\_\_\_\_ OBTAINED ON: \_\_\_\_\_ 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 REFERNCES

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.