



# Sardar Vallabhbhai Patel Institute of Nursing – Vasad

**SUMMARY SHEET (To be written legibly or typed)**

<b>Name :</b>		<b>Date of Birth:</b>		
<b>Category:</b>				
<b>Post applied for:</b>		<b>Department:</b>		
<b>Qualifications:</b>	<b>Degree</b>	<b>Class/Grade</b>	<b>Year</b>	<b>University</b>
UG				
PG				
PhD				
Others				
<b>Total Experience:</b> <input type="text"/> <b>Years</b>		<b>Post Ph.D. Experience:</b> <input type="text"/> <b>Years</b>		
<b>Teaching:</b>				
Position	Basic Pay	AGP	From	To
Professor				
Associate Professor				
Assistant Professor				
Tutor				
<b>Industry:</b>		<b>Years</b>		
<b>Research:</b>		<b>Years</b>		
<b>Present Employer (if applicable) and monthly emoluments:</b>				
<b>No. of Publications</b>	<b>National</b>		<b>International</b>	
Journal Papers				
Papers in Conference Proceedings				
Books				
Chapters in Books				
<b>Patents</b>				
<b>M.E. thesis Guided</b>				
<b>Ph.D. thesis Guided</b>				
<b>Projects</b>	<b>Total value (Rs. in Lakhs)</b>			
	≤ 2 Lakhs	2 to 5 Lakhs	5 to 30 Lakhs	> 30 Lakhs
Research				
Consultancy				
<b>Awards / Distinctions, if any:</b>				
<b>Place :</b>				
<b>Date:</b>		<b>Signature of the Applicant</b>		



# Sardar Vallabhbhai Patel Institute of Nursing – Vasad

B/h. S.T. Bus Depo, Vasad – 388 306, Dist: Anand

Phone No: 9510782981, 82,83 & 84

Mail: [contact@svitvasad.ac.in](mailto:contact@svitvasad.ac.in)

Recent passport size  
color photograph to  
be affixed

APPLICATION FOR THE POST OF \_\_\_\_\_ in \_\_\_\_\_  
(Department)

SPECIALIZATION \_\_\_\_\_

- 1 Name in Full: \_\_\_\_\_ Gender: \_\_\_\_\_
- 2 Nationality: \_\_\_\_\_ Place of Birth: \_\_\_\_\_
- 3 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_
- 3 Category: \_\_\_\_\_ Marital Status: \_\_\_\_\_

4 Particulars of Educational Qualifications:

Sr. No.	Degree Obtained & Branch / Specialization (specify)	Name of the University/Institute	Year of Passing	% of Marks/ CGPA	Class/ Division
1	Bachelor's Degree				
2	Master's Degree				
3	Ph.D. Degree				
4	Others (if any)				

5 Title of PG/Ph.D. Thesis with name of Ph.D. Guide.

Degree	Title of Thesis	Guide	University
i) P.G.			
ii) Ph.D.			

6 Details of Experience:



**10 Names and addresses of two professional referees (who are not related to the applicant) who are in a position to testify from their personal knowledge as to the fitness of the applicant for the post applied for:**

Name: \_\_\_\_\_  
Designation: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_ Mob.No. \_\_\_\_\_

I) Name: \_\_\_\_\_  
Designation: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_ Mob.No. \_\_\_\_\_

**11 I) Address for correspondence:**

Email: \_\_\_\_\_ Mob. No. \_\_\_\_\_

**II) Permanent Address:**

**12 Any other information relevant to the Post applied for, such as:**

i) Memberships/Fellowship and position of responsibility in Professional Societies:

a) \_\_\_\_\_

b) \_\_\_\_\_

ii) Attainments in sports and extra-curricular activities (including N.C.C.)

a) \_\_\_\_\_

b) \_\_\_\_\_

**13 Candidate should submit BIO-DATA separately.**

**14 Copies of documents enclosed:**

School Leaving Certificate

PG degree Certificate

PG Last Two Semester's Marksheet

UG Last Two Semester's Marksheet

Ph.D. degree Certificate

Experience Certificates

Other University Endorsement Letter for the post of Director/Principal, Professor, Associate Professor/HOD to consider teaching experience.

- UGC approval letter for the degree awarding private/deemed universities outside of Gujarat.
- Latest Salary Slip
- Caste Certificate, if applicable.
- PAN
- AADHAR

**Declaration:**

I hereby solemnly declare that the information furnished above is true and correct and I am responsible for the veracity of the same.

Place:

Date:

**Signature of the Applicant**

**Important Note:-**

1. Every application must be accompanied by self-attested photo copies of documents in support of claims made by the candidate.
2. Applicant in service must forward application through the employer.
3. Incomplete application/s will be rejected.
4. Applicants called for Interview will have to come at their own cost.

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(To be filled in by the present employer)

**No Objection Certificate**

Place:

Date:

Signature of the Forwarding Authority:

Designation:

Office Seal: