



Sardar Vallabhbhai Patel Institute of Nursing (SVION) – Vasad

SUMMARY SHEET (To be written legibly or typed)

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



Sardar Vallabhbhai Patel Institute of Nursing (SVION) – Vasad

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

Phone No: 9510782981 /82

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: _____
- 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:

i) Teaching Experience : years

Post Ph.D. Experience years

Sr. No.	Name of the organization where employed	Designation	Date of Joining	Date of leaving	Last Pay Band and Grade Pay*
1.					
2.					
3.					
4.					

ii) Research Experience: years

Sr. No.	Name of the organization where employed	Designation	Date of Joining	Date of leaving	Last Pay Band and Grade Pay*
1.					
2.					
3.					
4.					

iii) Industrial Experience: years

Sr. No.	Name of Industry	Designation	Date of Joining	Date of leaving	Salary Drawn
1.					
2.					
3.					

7 i) Total Research Publications / Presentations

Sr. No.	Nature		Published	Accepted
1.	Books			
2.	Chapters			
3.	Refereed Journals	National		
		International		
4.	Presentations (Proceedings)	National		
		International		

ii) Research Projects:

Sr. No.	Title of the Project	Amount in Rs.	Funding Agency	Period	Remarks (Completed/ Ongoing)
1.					
2.					
3.					
4.					

iii) No. of PG dissertations / Ph.D. thesis guided: P.G.

Ph.D.

8 Patents

Sr. No.	Name of the patent	Year	Organization
1.			
2.			
3.			

9 Consultancy

Sr. No.	Name of Organization	Year	Amount (Rs.)
1.			
2.			
3.			

- 10** a) Minimum monthly Salary expected: **Rs**.....
b) Present monthly salary. (Attach copy of latest salary slip)
c) Time required to join the Institute, if selected: _____

11 Honors / Awards / Distinctions received, if any:

12 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:

I) Name: _____
Designation: _____
Address: _____

Email: _____ Mob.No. _____

II) Name: _____
Designation: _____
Address: _____

Email: _____ Mob.No. _____

13 I) Address for correspondence:

Email: _____ Mob. No. _____

II) Permanent Address:

14 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)

15 Candidate should submit BIO-DATA separately.

16 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, AADHAR CARD, PAN CARD
- ☐ Caste Certificate, if applicable.
- ☐ AADHAR
- ☐ PAN

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.

(To be filled in by the present employer)

No Objection Certificate

Place:

Date:

Signature of the Forwarding Authority:

Designation:

Office Seal:

(TO BE USED BY THE INSTITUTE OFFICE ONLY)

Date of Receipt: _____

Registration No. _____

Signature of the Receiving Officer

Document list for candidates. All the documents must be self attested

- | | | | | |
|---|-----|-----------------------|----|-----------------------|
| a) Final degree certificate of Ph. D. degree | Yes | ☐ | No | ☐ |
| b) Final degree certificate of Master's degree | Yes | ☐ | No | ☐ |
| c) Final year's mark sheet's of Master's degree | Yes | ☐ | No | ☐ |
| d) Final degree certificate of Bachelor's degree | Yes | ☐ | No | ☐ |
| e) Final year's mark sheet's of Bachelor's degree | Yes | ☐ | No | ☐ |
| f) UGC approval letter for degree from private university | Yes | ☐ | No | ☐ |
| g) Copy of PAN card / School Leaving certificate | Yes | ☐ | No | ☐ |
| h) Experience certificates | Yes | ☐ | No | ☐ |
| i) Marriage certificate for change of name | Yes | ☐ | No | ☐ |
| j) PCI/COA registration certificate (For
pharmacy/Architecture) | Yes | ☐ | No | ☐ |

Space for Department Use

Inward No.: _____ Date of Receipt of Application Form: _____

Date: _____ Post Applied: _____

Present Employer: _____ Department: _____

Candidate: Eligible / Not Eligible Total Experience: _____

Remark: _____ Through Proper Channel / NOC : Yes / No

Signature of scrutinizer

Date :

Signature of the HOD

Date :