



# Sardar Vallabhbhai Patel Institute of Computer Application (SVICA) - 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:	<input type="text"/>	Years	Post Ph.D. Experience:	<input type="text"/>	Years
<u>Teaching:</u>					
Position	Basic Pay	AGP	From	To	
Professor					
Associate Professor					
Assistant Professor					
<u>Industry:</u>	Years				
<u>Research:</u>	Years				
<u>Present Employer (if applicable) and monthly emoluments:</u>					
No. of Publications	National		International		
Journal Papers					
Papers in Conference Proceedings					
Books					
Chapters in Books					
Patents					
M.E. thesis Guided					
Ph.D. thesis Guided					
<u>Projects</u>	<u>Total value (Rs. in Lakhs)</u>				
	≤ 2 Lakhs	2 to 5 Lakhs	5 to 30 Lakhs	> 30 Lakhs	
Research					
Consultancy					
<u>Awards / Distinctions, if any:</u>					
Place :					
Date:	Signature of the Applicant				



**Sardar Vallabhbhai Patel Institute of Computer Application (SVICA ) VASAD**  
**B/h. S.T. Bus Depo, Vasad – 388 306, Dist: Anand**  
**Phone No: 9510782981/82/83 & 84**

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**

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:**

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**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:**

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

**II) Permanent Address:**

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**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)

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

**16 Copies of documents enclosed:**

- School Leaving Certificate
- PG degree Certificate
- PG Last Two Semester's Marksheets
- UG Last Two Semester's Marksheets
- 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.

### 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:

**Signature of the Forwarding Authority:**

Date:

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 <input type="radio"/>	No <input type="radio"/>
b) Final degree certificate of Master's degree	Yes <input type="radio"/>	No <input type="radio"/>
c) Final year's mark sheet's of Master's degree	Yes <input type="radio"/>	No <input type="radio"/>
d) Final degree certificate of Bachelor's degree	Yes <input type="radio"/>	No <input type="radio"/>
e) Final year's mark sheet's of Bachelor's degree	Yes <input type="radio"/>	No <input type="radio"/>
f) UGC approval letter for degree from private university	Yes <input type="radio"/>	No <input type="radio"/>
g) Copy of PAN card / School Leaving certificate	Yes <input type="radio"/>	No <input type="radio"/>
h) Experience certificates	Yes <input type="radio"/>	No <input type="radio"/>
i) Marriage certificate for change of name	Yes <input type="radio"/>	No <input type="radio"/>
j) PCI/COA registration certificate (For pharmacy/Architecture)	Yes <input type="radio"/>	No <input type="radio"/>

**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 :