



SVKM's  
**NMIMS University**

(Declared as Deemed-to-be University under Section 3 of the UGC Act, 1956 vide Notification No.F.9-37/2001-U-3 dated 13th January, 2003 of the Government of India)



## Employment Application Form (For Non Teaching Staff)

Affix  
Photograph

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

**A: POST APPLIED FOR:**

Name of post (s). (Please list in order of preference):  
\*(Fill in at least 1 position)

1.	What is your expected salary Per Annum? *Rs.
2.	What is your current salary Per Annum? *Rs.
3.	*Rs.

**A-1: Choice of Campus:**

<b>1. MUMBAI CAMPUS</b> <input type="checkbox"/>	<b>2. SHIRPUR OPERATIONS</b> <input type="checkbox"/>	<b>3. BENGALURU OPERATIONS</b> <input type="checkbox"/>	<b>4. HYDERABAD OPERATIONS</b> <input type="checkbox"/>
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*Please fill in the preference (1 to 4)*

**B: PERSONAL PARTICULARS:**

Full Name (Prefix Mr. Mrs. Ms. Dr.)	Surname	Middle Name	First Name
Maiden Name (if applicable)			
Marital Status	Married / Unmarried		
Passport No.			
Nationality	Indian / NRI		
Date of Birth			
Gender	Male / Female		
Address for Communication			
Permanent Address			
Contact Numbers:	<b>Office No.</b>	<b>Residential No.</b>	

<b>Mobile No.</b>	
E-mail id	
Place of Birth with State	
Blood Group	
PAN/ GIR No.	
<b>C: FAMILY PARTICULARS</b>	
<b>Name of Spouse</b>	
Citizenship	
Is your Spouse employed	Yes / No
If yes Give Details	<b>Name of Employer:</b>  <b>Designation:</b>  <b>Place of work:</b>  <b>Contact Details:</b>

<b>D: CONTACT PERSON IN CASE OF EMERGENCY</b>	
Full Name	
Address	
Telephone Number with STD code	
Mobile Number	
E-mail	

<b>E: LANGUAGE SKILLS (Tick as appropriate)</b>				
Name of the Language	<b>English</b>	<b>Hindi</b>	<b>Marathi</b>	<b>Any other</b>
Speaking				
Writing				
Reading				

\* Please provide details starting with the highest qualification

<b>F: EDUCATIONAL QUALIFICATIONS (Chronological)</b>					
<b>Please attach photocopies</b>					
Sr. No.	From (dd/mm/yy)	To(dd/mm/yy)	Institution/ University	Degree/ Diploma*	Grade/ Marks

<b>G: PROFESSIONAL EXPERIENCE (Please state in Chronological Order)</b>							
Sr. No.	From (dd/mm/yy)	To (dd/mm/yy)	Company Name	Brief Description of Duties	Position Held	Salary Last Drawn	Reason for leaving the job

\*Please provide details starting with the earliest experience.

\*Please attach additional sheets if required.

<b>H: PROFESSIONAL REFERENCE (Reference must not be related to you by blood or marriage)</b>	
<b>Name of 1 Referee</b>	
No. of Years Known	
Occupation	
Address	
Contact No. with STD Code	
E-Mail	
<b>Name of 2<sup>nd</sup> Referee</b>	
No. of Years Known	
Occupation	
Address	
Contact No. with STD Code	
E-Mail	

<b>I: GENERAL INFORMATION</b>	
1. Have you ever suffered or are you suffering from any physical impairment, disease or mental illness? If Yes Give Details	
2. Have you ever been convicted in a court of law? If yes Give Details	
3. Have you been charged with any offence in a court of law anywhere for which the outcome is not yet known? If Yes Give Details	
4. Have your any relative or friend working in the NMIMS or SVKM Group institutions	

**Declaration by the applicant (to be completed by all applicants)**

I hereby declare that the information furnishes by me is correct and complete and that I shall immediately inform the SVKM's NMIMS University of any changes in my current Status. I hereby agree that any false statement I make in this application shall result in cancellation of my candidature. I have attached Xerox of proof of qualification and work experience.

**Name of Candidate** : .....

**Place** : .....

**Signature** : .....

**Date** : .....



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**DATA SHEET**

Post Applied for :-----

Dept :-----

<b>A-1: Choice of Campus:</b>			
<b>1. MUMBAI</b> CAMPUS <input type="checkbox"/>	<b>2. SHIRPUR</b> OPERATIONS <input type="checkbox"/>	<b>3. BENGALURU</b> OPERATIONS <input type="checkbox"/>	<b>4. HYDERABAD</b> OPERATIONS <input type="checkbox"/>
<i>Please fill in the preference (1 to 4)</i>			

1	Name and Address	
2	Nationality / Age/ Date of Birth	
3	Prior Degrees / Year / University	
4	Present Position, with salary details	
5	Experience (in Years)	

**For Department Use only Remarks:**

**Signature of Deans of School/ Head of Department with date:**