



**APPLICATION FORM(Non-Teaching)**

**General Instructions:**

Fill the form in **BLOCK LETTERS**. All columns and fields are **Mandatory**.

Date of Application		Source of Information on opening	
Position Applied for		Institution Applied for	
Details of relatives employed in R V Institutions:			

**EMPLOYEE INFORMATION**

Salutation:	Full Name				
Gender (Male/Female)		Date of Birth (DD/MM/YYYY)		Blood Group	
Father's/Spouse		Mother Tongue		Aadhar/PAN	
Marital Status		Date of Marriage (DD/MM/YYYY)		No. Of Children	
Birth Place		State		Nationality	
Physically Challenged	(Yes / No)	Mobile No. 1		Emergency Contact No.	
		Mobile No. 2			
E-mail ID					
Category SC/ST/OBC/GEN		Religion		Caste	
Permanent Address					
Present Address					
Are you a EPF member in previous employment? If yes, give the details of UAN / PF Account No					

**EDUCATION DETAILS**

ACADEMIC QUALIFICATION									
Type of Education	From (Date)	To (Date)	Qualification	Specialization / Discipline	Institute / Board / University	State / Country	Types of Course (Full Time / Part Time)	% age / CGPA	Division

<b>Any Health-related problems (including Physical/ Visual Disability and Chronic Aliments).</b>				
<b>Languages known &amp; fluency: (Good/ Fair/ Slight)</b>				
<u>Language</u>	<u>Understand</u>	<u>Speak</u>	<u>Read</u>	<u>Write</u>
<b>Extra-curricular activities/ hobbies:</b>				
<b>Membership of Professional Bodies/ Social Organizations/ Clubs &amp; Societies (Please list only the memberships which are current and valid):</b>				
<u>Name of the Organization</u>		<u>Type of membership (Ordinary/ Life)</u>		
<b>Any Patents / Awards certificates received or any other special work done.</b>				

**INDUSTRIAL OR ANY OTHER EXPERIENCE**

Sl. No	Employer	Position held	Date of joining	Date of leaving	Gross Salary

**ANY OTHER CERTIFICATE COURSES COMPLETED/PROFESSIONAL TRAINING UNDERGONE**

Sl. No	Nature of the Course	Organizing Agency	Place	Duration	
				From	To



Write a short description about the following:

a. Please indicate as to why you wish to join RV Institutions?

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b. How in your opinion do you meet the job requirement?

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c. A short paragraph about the development work that you would like to take up at RV.

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d. Indicate your future plan to upgrade knowledge/ qualification.

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**PROFESSIONAL REFERENCE**

S. No.	Name of the Person	Company	Place	Contact No.

I hereby certify that all information provided in this document along with the certificates / testimonials are true and accurate to the best of my knowledge and belief. I understand that any misrepresentation of information may lead to termination of services.

Signature

Date:

Place: