



**APPLICATION FORM(Non-Teaching)**

**General Instructions:**

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

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

**EMPLOYEE INFORMATION**

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

**EDUCATION DETAILS**

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

<b>Any Health-related problems (including Physical/ Visual Disability and Chronic Aliments).</b>				
<b>Languages known &amp; fluency: (Good/ Fair/ Slight)</b>				
<b><u>Language</u></b>	<b><u>Understand</u></b>	<b><u>Speak</u></b>	<b><u>Read</u></b>	<b><u>Write</u></b>
<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>				
<b><u>Name of the Organization</u></b>		<b><u>Type of membership (Ordinary/ Life)</u></b>		
<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: