



Transnational Knowledge Society's
Shivajirao Kadam Institute of Technology and Management

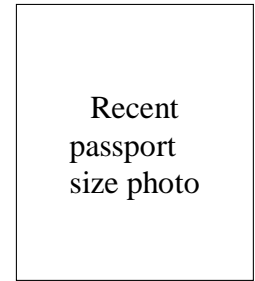
Skill. Innovation. Transformation.

An ISO 9001:2015 Certified Institute

Village Tillore Khurd, Near Ralamandal Sanctuary, Indore - 452020 (MP), Phone: 0731-3557650, Website: www.skitm.in

Application Form

Post Applied :.....
Department :.....
Name :.....
Gender : M / F:..... **Date of Birth:**.....
Father's / Husband's Name :



Address :.....
 :.....
 :.....

Tel. No. (With STD Code) :(R).....(M).....

Category : Gen/SC/ST/OBC**Passport No:**

Email :.....

PAN No. :..... **Aadhar Card No.**.....

Qualification :..... **Marital Status**

Family Background:

S. No.	Relation	Name	Qualification	Occupation	Age	Dependent YES/No
1	Mother					
2	Father					
3	Spouse					

Academic Record: (Attach photocopies)

Degree	Subject / Specialization	School / College	Year	Marks Obtained in Theory (%)	Total Marks (%) CGPA
10 th					
12 th					
BE / B Tech / B Sc					
M E / M.Tech / M.Sc.					
Ph. D / GATE / NET					
Others					

Semester →	I	II	III	IV	V	VI	VII	VIII
No. of Attempts in UG								
No. of Attempts in PG								

Have you applied in our institute before? YES/NO, If yes were you selected? YES/NO

If you have worked in our institutes please provide details:

Participation in extra (Sports etc.) and co-curricular Activities (FDP/STTP/Workshop/Seminar /etc.)

S.No.	Name of Activity	Duration of Participation	Outstanding Achievements, if Any

No. of Publications (attach extra sheet for details)

SCI Journals: International Conferences:
 Books: Others Journals

M.E./M.Tech./M.Sc. Specialization:

Membership of Professional Bodies:

Experience details: (attach extra sheet if required)

Employer	Post	From	To	Duration	Total pay

References with contact details (who know you professionally):

1.	2.
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Last Salary Drawn:..... **Expected Salary:**
 (Proof required)

Any other information you want to share related to post applied:

Declaration

I hereby state that the information given by me in this application is true and correct without any consequential omissions whatever. I agree that the institute shall not be liable in any respect if my application is rejected or my employment is terminated because of the falsity of answer or omission made by me in this application form. I also authorize the institute to secure any information regarding myself

Date:
 Place:

Signature

List of Self attested copy of enclosures / certificates / testimonials

- Proof of date of birth Salary certificate/pay slip Publication details (list) Testimonial
 Academic records PAN CARD Others

* Use additional sheet wherever required.