



AISSMS

COLLEGE OF BUSINESS ADMINISTRATION

Approved by Government of Maharashtra
Affiliated to Savitribai Phule Pune University



APPLICATION FORM

For the Post of _____

With reference to the advertisement dated _____ published in _____
I wish to apply for the post of _____

1) Full Name : _____

2) Address : _____
(for correspondence) _____

Pin : _____ Phone : _____

Mobile No: _____ E-mail: _____

3) Date of Birth : _____

4) Nationality : _____

5) Caste Category : Open / Reserved (SC, ST, DT/NT, OBC, etc.) Specify _____

6) Mother Tongue : _____

7) Languages known

Language	Speak	Read	Write

8) * Academic Qualifications (Starting from S.S.C.)

Sr. No.	Examination	Year of Passing	Board/University	Main Subject	Class, % Marks, CGPA, No. of Attempts	Remarks (Rank etc.if any)
01						
02						
03						

Sr. No.	Examination	Year of Passing	Board/University	Main Subject	Class, % Marks, CGPA, No. of Attempts	Remarks (Rank etc. if any)
04						
05						

9) * CORPORATE EXPERINECE

Sr. No.	Name of Company	Post Held	Period		Salary		Nature of Work
			From	To	Basic Pay	Gross	
01							
02							
03							
04							
05							

10) *TEACHING EXPERIENCE

Sr. No.	Name of Institute	Post Held	Period		Salary		APPROVED /NOT APPROVED
			From	To	Basic Pay	Gross	
01							
02							
03							
04							
05							

(Enclose copies of University approvals)

11) Status of Doctoral Degree : _____

12) Areas of Expertise : _____

13) Courses/Subjects Taught : _____

14) Research Paper Published/Presented : _____

(Enclose copies of all research papers and mention which are published in peer reviewed journals)

15) Book/s Published, if any : _____

(Enclose list of all books published)

16) Cases/s Published, if any : _____

(Enclose list of all cases published)

17) Sponsored Research Project/s, if any : _____

(Enclose list of all Research Projects)

18) Membership of Professional Bodies : _____

(Enclose list if any)

19) Achievements (Awards, medals, etc.) : _____
(Enclose list if any)

20) Minimum salary expected : _____

21) Notice period required to join, If selected. : _____

22) Please specify three areas of your Probable contribution to Institute :
:1) _____
2) _____
3) _____

23) Other information, if any : _____

I hereby certify that the above information given is true and correct.

(Signature of Candidate)

UNDERTAKING

I, Mr./Mrs./Miss _____ would like to submit that I have not enclosed the certified photo copy of the following documents with the application:

1. _____
2. _____
3. _____
4. _____

I, hereby give an undertaking that I will submit the certified photo copies of the above documents at the time of interview along with my original documents. I am fully aware that if I fail to submit the above documents I will not be eligible to appear for interview.

Place:

Date:

(Signature of Candidate)

* Attested certified photo copies of the necessary certificates etc. to be enclosed. Use separate sheet(s) wherever necessary.

- Contact: 020-26058735
- E-mail: aissmscba@gmail.com
- Website: www.aissmsiom.org