



CAMELLIA INSTITUTE OF TECHNOLOGY

DIGBERIA (BADU ROAD), MADHYAMGRAM, KOLKATA-700129

PERSONAL DATA FORM

Please fill in the form in your own hand writing.
Complete each and every part, mentioning 'NA' if any part is not applicable to you.
Use same size (A4) additional sheet, if space is inadequate

Affix
Photograph

POST APPLIED FOR

1. Name of Candidate in full : _____
(Block Letters please) (First name) (Middle name) (Last name)

2. Address

(a) Present : _____
_____ PIN _____

(b) Permanent : _____
_____ PIN _____

3. Contact Details : Landline : _____

Mobile : _____

E-mail : _____

4. (a) Date of birth : _____
(Evidence to be enclosed)

D	D	M	M	Y	Y	Y	Y

(b) Place of birth : Dist _____ State _____ Country _____

5. Candidate's Nationality : At birth _____ At present _____

6. Religion : _____

7. Caste :

G	SC	ST	OBC
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 (Please ✓)

8. Sex :

Male	Female
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 (Please ✓)

9. Marital Status :

Married	Unmarried
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 (Please ✓)

10. Father's /Mother's Name: _____

Address: _____

_____ PIN _____

Mobile _____ Landline _____

Occupation: _____

11. Husband's /Wife's Name (If married) : _____

Occupation (Please specify) : _____

12. Children's Age & Sex : 1. -----Yrs: M/F 2. -----Yrs: M/F 3----- Yrs: M/F -----

13. (a)Candidate's mother tongue : _____

(b)Other language Known
(Speak. Read & Write) : _____

14. Family background:

Name	Age	Occupation
Father :		
Mother :		
Brother :		
Sister :		

15. Academic Qualification : (Enclose copy of certificates Mark sheets)

I.Examination /Degree (Please Specify)	School/College/Board/Council/ University	Year of passing	Division Class (with % marks)
(I).Secondary or Equivalent.....			
(II) HS or Equivalent			
(III) Diploma Level			
(IV) Graduate Level			
(V) Post Graduate Level			
(VI) Doctoral			
(VII) Others (NET,GATE, etc.)			

16. Scholarship Fellowship Award etc. with details e.g name, year, duration & place etc. (evidences, if possible, to be enclosed)

17. Extra Curricular Activities (evidences, if possible, may be enclosed)

18. PRESENT APPOINTMENT

(a) Name and address of organization : _____

Date of joining and position held : _____

Present position and date of appointment: _____

in present position

(b) Present remuneration details (in Rs /month)

BASIC + AGP	DA	HRA	Medical	Other Reimbursable	Gross Salary

19. EXPERIENCE PROFFILE (Starting with appointment immediately before the present one)

Sl. No.	Name & Address of College/Institute/Company	Designation	Date of Joining & Leaving	Nature of Experience

20. ACADEMIC ACTIVITIES

(A) Research Publications (Indicate Numbers only)

	Journal	Conference
National		
International		

(Detailed list of publications mentioning title, author(s), journal, publisher year of publications, page no. etc. should be attached in a separate sheet).

(B) Participation (Indicate Nos.)

(i) Seminar/Conference : _____ Nos.

(ii) Workshop / Summer School, etc : _____ Nos.

(iii) Refresher / Orientation course : _____ Nos.

(Detailed list showing subject /topic, duration, nature of participation, sponsoring authority etc to be provided in an attached sheet).

21. May we refer to your present employer?

Yes	no
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(Please √)

**22. How much notice do you require :
to give to your present employer
for leaving the service?**

23. Two Referees who should be responsible persons not related to you and known to you in a professional capacity.

Sl. No	Name Designation & Organization	Address Res./Office	Phone Res./Office
1.			
2.			

24. ADDITIONAL REMARKS :

(Any other information which have not been covered under the above heads)

25. DECLARATION :

I declare that the statements made in this form are true to the best of my knowledge and belief.

Date :

(Signature of the Candidate)

Place :