

BITS, PILANI - K.K. BIRLA GOA CAMPUS

Application Form (For Non-teaching Staff)

To,
The Director
BITS, Pilani – K.K. Birla Goa Campus
Zuarinagar-403726
Goa.

Paste your
photograph
here

Advertisement Date: _____

A: POST APPLIED FOR:					
			What is your expected salary per month? * Rs.		
			What is your current salary per month? * Rs.		
B: PERSONAL PARTICULARS					
Full Name (Prefix Dr. / Mr. / Mrs. / Ms.)		Surname		Middle Name	First Name
Maiden Name (if applicable)					
Date of Birth (dd / mm / yyyy)					
Marital Status		Married / Unmarried			
Contact Address					
City		State		Pin Code	
Primary Contact No.					
Alternate Contact No.					
E-mail					
C: LANGUAGE SKILLS (Tick as appropriate)					
Name of the Language	English	Hindi	Konkani	Marathi	Any other
Speaking					
Writing					
Reading					
D: CO-CURRICULAR ACTIVITIES					

E: EDUCATIONAL QUALIFICATIONS (in chronological order)*(Please attach photocopies of certificates)*

Sr. No.	Qualification*	Year of Passing*	University / Institute / Board *	% of Marks*

** Indicates mandatory field***F: TECHNICAL / PROFESSIONAL QUALIFICATIONS***(Please provide details starting with the highest qualification. Attach photocopies of certificates)*

Sr. No.	Qualification*	Year of Passing*	University / Institute / Board *	% of Marks*

** Indicates mandatory field***G: COMPUTER SKILLS**

Applications known			
Programming languages known			
Computer Courses Completed	Course	University / Institute	Year

H: PROFESSIONAL EXPERIENCE (in chronological order)

Sr. No.	From (mm / yyyy)	To (mm / yyyy)	Organization, Location	Designation held	Brief description of duties (in not more than 3-4 lines) *	Reasons for leaving the job

** Additional sheets may be attached only for brief description of duties*

I: NOTICE PERIOD REQUIRED FOR JOINING, IF SELECTED: _____

J: PROFESSIONAL REFEREES	
<i>(Referees must not be related to you by blood or marriage. Referees should be contacts out of your professional experience with them)</i>	
Name of 1 st Referee	
No. of years known & how	
Occupation	
Address	
Contact no. with STD code	
E-mail	
Name of 1 st Referee	
No. of years known & how	
Occupation	
Address	
Contact no. with STD code	
E-mail	

H: DECLARATION

I hereby declare that the information furnished by me is correct and complete. I hereby agree that any false statement I make in this application shall result in cancellation of my candidature. I have attached Xerox copies of certificates as proof of my qualification and work experience.

Place: _____

Signature: _____

Date: _____

Name: _____

(Please forward e-copy of the application to hroffice@goa.bits-pilani.ac.in. Application in any format other than the above will not be accepted)