

12.	Languages Known: Read : Write : Speak :	
13.	Is there anybody working in this Institution known to you, if yes, give details. Name : Designation: Department:	Yes / No
14.	Are you a member in any of the trade unions?	Yes / No
15.	Are you involved in any legal problems?	Yes / No
16.	Do you have the habit of smoking?	Yes / No
17.	Do you have the habit of using alcoholic drinks?	Yes / No
18.	Have you been interviewed for any position in SCAD? If Yes, give details:	Yes / No
19.	Are you a member of PF	Yes / No
20.	Recommended by :
21.	Expected Salary	Rs.
22.	Joining time required
23.	Reference other than relative.	1. 2.

Declaration: I hereby declare that the above particulars are true and I also undertake that my contract of appointment would be cease if any thing found false.

Date:

Signature.

For Office Use	
Remarks	
Signature: 1. Chairman	4.
2.	5.
3.	6.

Enclosures required: Xerox copies of Certificates & Experience Certificate.

1.
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