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|    Photo |



 THEVARA KOCHI KERALA

 Tel: 0484 2663380, 4044414, Fax: 0484 2663813, Email: office@shcollege.ac.in, www.shcollege.ac.in

**STAFF DATA SHEET**

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| Designation: | Department: |

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1.Name:

2.SEX: : MALE/FEMALE

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3.AGE & DATE OF BIRTH :

 M M D D Y Y Y Y

4.PLACE OF BIRTH (also district & state) :

5.RELIGION (with community) :

6. a. Date of joining :

6. b. Date of retirement :

7. PERMANENT ADDRESS :

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8. CONTACT ADDRESS:

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 9.PHONE & EMAIL ID

10.PARENTS:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| PARENT | NAME | EDUCATION | OCCUPATION | REMARKS |
| FATHER |  |  |  |  |
| MOTHER |  |  |  |  |

11.MARITAL STATUS :

12.IF MARRIED, EDUCATIONAL QUALIFICATION OF SPOUSE:

13.OCCUPATION OF THE SPOUSE

14.LANGUAGES KNOWN :

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| --- | --- | --- | --- | --- |
| Sl. | LANGUAGE | READ | WRITE | SPEAK |
|  |  |  |  |  |
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15.EDUCATIONAL QUALIFICATION: (Enclose attested copies of certificates):

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Sl. | Examination | Name of the Institution | Board/University | Year of Study | Year of passing | No: of Attempts | Class or division | Subjects | Total % of marks |
| 1. | SSLC/Equivalent |  |  |  |  |  |  |  |  |
| 2. | Higher Sec. |  |  |  |  |  |  |  |  |
| 3. | BA/B.Sc./B.Com |  |  |  |  |  |  |  |  |
| 4. | M.A/M.Sc/M.Com |  |  |  |  |  |  |  |  |
| 5 | M.Phil |  |  |  |  |  |  |  |  |
| 6 | Ph.D |  |  |  |  |  |  |  |  |
| 7 | Any other |  |  |  |  |  |  |  |  |

16.WHETHER QUALIFIED NET/JRF (specify with date) :

17.DETAILS OF EXTRACURRICULAR ACTIVITIES:

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18. REFERENCES(Names only) : 1. 2.

19. SIGNATURE OF THE APPLICANT :

PLACE: DATE: