

We dream of painting a  
New INDIA;  
the India that shines  
bright in the  
whole world.



Name \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Shri Shankaracharya Institute of  
Professional Management and Technology**

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14. Personal Marks of Identification : .....

.....

15. Present/ Local Address : ..... Permanent Address : .....

.....

.....

.....

Phone : ..... Phone : .....

16. Family Members:

(a) Father : .....

(b) Mother : ..... (c) Spouse : .....

17. Name & Address of next of kin (with Phone No.) to be informed in case of emergency:

.....

..... Phone : .....

18. Medical History in Brief:

19. Nominations :

Fund	Name		Relationship	Age
Provident Fund	(a)			
	(b)			
Pension Fund	(a)			
	(b)			

Date

Signature of  
Employee

Left Hand  
Thumb Impression

Director/ Principal



**20. (a) Awards/ Certificate:**

S.No.	Brief Account of Award	Year	Details of Award	Authority from whom received

**20. (b) Punishment:**

S.No.	Brief Account of Punishment	Date	Quantum of Punishment	Authority who imposed

**21. Membership of Professional body / Association**

S.No.	Professional Body	Type of Membership	Membership No.	Year

**22. Publications**

S.No.	Title	Details of Book/ Journal / Conference/Seminar	ISBN/ ISSN	Year



























