

# New Shanti Prashikshan Sewa Sansthan

Shanti Electronic Institute Technical Degree College

## Employee Form



### PERSONAL DETAILS

Start Date (DD,MM,YYYY)		Employee Number					
Surname		First Names					
Date of Birth							
Title	Prof	Dr	Adv	Mr	Mrs	Ms	Other
Preferred Name/ Nick Name		Initials					
Ethnic Group	African	Indian	Gender	Male	Female		
	White	Coloured					
Marital Status	M	D	W	Previous Surname			
Preferred Language		Home Language					

### CITIZENSHIP

Adhar Card Number	SA Citizenship		By birth
	SA Citizenship		Permanent Residence /Naturalization
	SA Citizenship		Other
Date Issued (DD/MM/YY)	/ /		
Country of Issue	Nationality		
Email ID			

### WORK PERMIT DETAILS

<b>Should you hold a work permit, please complete the fields below.</b>			
Employee Status	Date Issued (DD/MM/YYYY)	/ /	

### ADDRESS DETAILS

Permanent Address	Residential Address	Same as permanent address	
		Yes	No
Street Address Line 1	If No: Address Line 1		
Street Address Line 2	Address Line 2		
Suburb	Suburb		
City	P.O. Box		
Province	City		
Postcode	Postcode		
Telephone (H)	Cell Number		
Telephone (W)	Email		



## Bank Details

<b>Bank Name</b>													
<b>Branch Name</b>													
<b>Bank IFSC Code</b>													
<b>Account Number</b>													
<b>PAN Number</b>													

## QUALIFICATIONS: (Please start with the highest qualification)

<b>Tertiary Education 1</b>						
Institution						
Qualification Obtained						
Highest Qualification	Yes	No	Date Obtained (DD/MM/YYYY)	/	/	
Majors/ Specialisation				Graduated	Yes	No
<b>Tertiary Education 2</b>						
Institution						
Qualification Obtained						
Highest Degree	Yes	No	Date Obtained (DD/MM/YYYY)	/	/	
Majors/ Specialisation				Graduated	Yes	No
<b>Tertiary Education 3</b>						
Institution						
Qualification Obtained						
Highest Degree	Yes	No	Date Obtained (DD/MM/YYYY)	/	/	
Majors/ Specialisation				Graduated	Yes	No

## MEMBERSHIP OF PROFESSIONAL BODIES

<b>Membership of Professional Bodies 1</b>			
Society Name		Post Held (if any)	
Type of membership		Date Joined (DD/MM/YYYY)	/ /
<b>Membership of Professional Bodies 2</b>			
Society Name		Post Held (if any)	
Type of membership		Date Joined (DD/MM/YYYY)	/ /

By affixing my signature below, I confirm that the information provided is true to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_



- 1- मैं .....इस संस्थान को साक्षी मानकर यह शपथ लेता हूँ / लेती हूँ कि पूरी जिम्मेदारी , ईमानदारी एवं निष्ठा लाने से इस संस्थान परिवार में कार्यरत रहूँगा / रहूँगी ।.....I take this oath with this institution as witness. I undertake that I will continue to work in this organization family with full responsibility, honesty and dedication.
- 2- मैं इस संस्थान के सभी नियमों का पूरी जिम्मेदारी , ईमानदारी से पालन करूँगा / करूँगी। I follow all the rules of this institute with full responsibility, honesty and compassion.
- 3- मैं इस संस्थान के कार्यदिवस के समय सुबह 07:00 बजे से शाम 05:00 बजे तक कार्यरत रहूँगा / रहूँगी । I work in this institute on working days from 07:00 am to 05:00 pm  
Will remain / will remain.  
मैं संस्थान के कार्यदिवस में किसी भी प्रकार का अवकाश नहीं लूँगा / लूँगी । यदि अवकाश प्राप्त करता हूँ / करती हूँ तो संस्थान स्वेच्छापूर्वक वेतन में कटौती कर सकता है। I will not take any leave on working days of the institute. If holiday  
If I receive it then the institute can voluntarily cut the salary.
- 4- संस्थान के अप्रैल 2024 के नियमों के अनुसार अब केवल माह में रविवार को ही स्टाफ अवकाश प्राप्त कर सकते हैं जिसका कोई भी वेतन कटौती नहीं की जाएगी, I will not do any such work in this institute without permission, which may harm the institute. There is a violation of the rules
- 5- यदि भविष्य में कोई संस्थान का रविवार आवश्यक कार्य होता है तो स्टाफ को उस दिन का वेतन अलग से दिया जाएगा । If any Sunday necessary work of any institution occurs in the future, then the staff will be given .Salary will be given separately.
- 6- मैं इस संस्थान में कोई भी ऐसा कार्य बिना अनुमति के नहीं करूँगा / करूँगी , जिससे संस्थान के नियमों का उल्लंघन हो । I will not do any such work in this institute without permission, which may harm the institute. There is a violation of the rules.
- 7- मैं संस्थान में अवकाश प्राप्त करने से एक दिन पहले मैनेजमेंट को सूचित करूँगा / करूँगी , नहीं करने पर दो दिन का वेतन कटौती किया जा सकता है, मुझे कोई एतराज नहीं होगा । I inform the management one day before taking leave from the institute .If you don't do so, two days' salary can be deducted, I won't mind.

Sign of Candidate

Management  
(NSPSS Group Of Education)