

Form to be filled by institution For placement of students at Shroffs Foundation Trust

Name and address of the Institution/Organization:					
Faculty in charge of placement:					
Tel. No:	E-mail:				
	n:				
Tel/Mobile No:	E-mail:				
Currently pursuing which degree progra	nm? : (Dept / Major Subject):				
Basic degree with specialization:					
Brief Profile of the student:					
Hobbies and Interests:					

Languages known:	Language Proficiency:				
	Read	Write	Speak		
1. Gujarati:					
2. Hindi:					
3. English:				-	
Period of Placement	t: (D/M/Y)	: From		till	
Actual number of da	ays of place	ement:		Mode:	
No. Of days per wee	ek: (Specify	·)			
Areas of study prefe	erred: (Res	earch Oriente	ed)		
• •	•	ıman Dynami	•		
	• Or	ganizational	Behavior		
	• Ge	ender Profile			
	• Or	ganizational	Communica	tion	
	• Or	ganizational	Structure an	nd Work Pattern	
	• Fir	nance Manag	ement		

Projects Preferred: (Field Based)

- Village Profile
- Livelihood Generation
- Health Maternal & Child Health
 - o HIV/AIDS
 - o Reproductive Health
- Education Literacy
 - o Functional Literacy
- Water Management
- Land Management
- Agriculture/Allied Fields (Dairy, Wadi, Biogas, Vermicompost)
- Agro Business Management

Procedure for placement:

The placement coordinators of any institute or university have to send the duly filled form directly to the P & A department. E-mail: hr@shroffsfoundation.org