NATIONAL INSTITUTE OF TECHNOLOGY, MIZORAM

Chaltlang Dawrkawn, Aizawl, Mizoram - 796012 (Advt No. NIT-MZ/ECE/02/SMDP-C2SD/2015)
APPLICATION PROFORMA FOR THE POST OF LAB ENGINEER/ PROJECT ASSISTANT)

(Candidates are advised to read general instructions and information, before filling up the Application form)

APPL	ICATION FOR THE PO	ST OF			
(In 1 2. a) I	Block Letters) Father's Name:	C		recen	elf attested t coloured port photo
	-				
Mobil E-mai	e No				-
4 . Na	tionality:				
Date of Birth:					Months
	In case of OBC,	BC UR PWD whether belong to Non crea	my layer	Yes / No	
o. Pai	ticulars of Educational Q	uamications			
Sl. No.	Degree Obtained & Branch / Specialization (specify)	Name of the University/Institute	Year of Passing	% of Marks/ CGPA	Class/ Division
1	HSC				
2	Higher Secondary				
3	ITI				
4	Diploma				
5	B.E./B. Tech.				
6	M.E./M. Tech.				

Attach separate sheet if required

7. Particulars of Technical/ Professional Qualifications (Mark sheets should be enclosed):

Sl. No.	Examination Passed	Name of the Borad/ University/Institute	Year of Passing	% of Marks/ CGPA	Class/ Division
1					
2					
3					

8.	Ex	perience	and	details	of emplo	yment,	if any	(Certificate	should b	e enclosed):

Sl. No.	Name of Organization	Name of Post	Period	Nature of Work Handled

9. Any other information relevant to the Post applied for:

N.B.: Every application must be accompanied by self attested photo copies of documents in support of claims made by the candidate in respect of date of birth, academic qualifications, practical training, experience, caste etc.

1.	 _ 2.	- <u></u>
3.	 _ 4.	
5.	 6.	
7.	 8.	

Name & Signature of the Candidate: Date:

DECLARATION BY THE APPLICANT

I, the undersigned, hereby declare that I have carefully read and understood the instructions and particulars provided by the Institute and affirm that all information that I have furnished is true to the best of my knowledge and belief.

I understand that I alone will be responsible for any consequences arising out of incorrect and / or incomplete information furnished in this application.

Place :	Signature of applicant:			
Date :				
(Only for applicants who are in serv	ENT BY FORWARDING AUTHORITY ice of Govt./ semi Govt. /PSUs/Universities/ Academic Institutions e filled in by the present employer)			
Forwarded the application of Mr./	Ms./ Dr			
Place: Date:	Signature of the Forwarding Authority: Designation:			
	Office Seal:			
	FOR OFFICE USE ONLY			
1. Application received on:				
2. Remarks				
3. Selected for the Interview: YES	/ NO			
4. Contact details of Candidate:	(a) e-mail:			
	(b) Mobile No:			