For Office use:

ANNEXURE - I

राष्ट्रीय प्रौद्योगिकी संस्थान मिजोरम

NATIONAL INSTITUTE OF TECHNOLOGY MIZORAM

(Institution of National Importance under the Ministry of HRD, Govt. of India) $CHALTLANG,\,AIZAWL,\,MIZORAM-796012$

APPLICATION FORM - PRESCRIBED FORMAT FOR NON-FACULTY POSTS

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

Advertisement No. NITMZ/R/07/NF/2018/771 Dt.						6 th Septe	6 th September, 2018			
NAM	E OF POST	APPL	IED:						-	
(In Bl	me in Full ock Letter 1 / F:	s)							re	ix self attested cent coloured assport photo
2 . a) l	Father's Na	ıme:								1 1
b) I	Mother's N	ame:								
3. i) <i>A</i>	Address for	corres	ponden	ice:						
ii)	Mobile N E-mail ac	o ldress:				x No			_	
4 . Na	tionality: _									
Date	of Birth :					dd/mm/yy	Age:	Ye	ears	Months
6. Cat	tegory: Ir	SC access		OBC whethe	UR	long to Non-c	reamy	layer Ye	es / No	
7. Pa	rticulars o	of Educ	ational	Quali	ficat	ions (Attach	separa	te sheet, if re	equired):	
Sl. No. Degree Obtained & Branch / Specialization (specify)			Name of the Board/University & Year of Institute Passing			Year of Passing	% of Marks / CGPA	Class/ Division		
1	HSC/HSL								,	
2	Higher Sc	conda	*1 7							

3	Diploma				
4	Bachelor's Degree				
5	Master's Degree				
6	Others (if any)				
3. Pa	rticulars of Technical/ Pr	ofessional Qualification	s (Mark sheets	s should be	enclosed):
Sl. No.	Examination Passed	Name of the Board/ University/Institute	Year of Passing	% of Marks/ CGPA	Class/ Division
1					
2					
3 9. Ex	perience and details of e	nployment, if any (Certifi	cate should be	enclosed):	
	perience and details of en	nployment, if any (Certifi Name of Post	cate should be		of Work
9. Ex Sl.	<u>-</u>				
9. Ex	<u>-</u>				
9. Ex Sl. No.	<u>-</u>	Name of Post	Period		
9. Ex Sl. No.	Name of Organization	Name of Post	Period	Nature	

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, training, experience, caste etc.(Do attach self attested copies of all documents/ certificates in support of the information furnished by you.)

DETAILS OF TESTIMONIALS / CERTIFICATES / DOCUMENTS ENCLOSED:

12.

1.		2.
3.		4.
5.		6.
7.		8.
9.		10.
11.		12.
Date:		Name & Signature of the Candidate
Dute.		Name & Signature of the Canadate
	DECLARATION BY	THE APPLICANT
_	the Institute and affirm t	refully read and understood the instructions and that all information that I have furnished is true
	e will be responsible for on furnished in this appli	any consequences arising out of incorrect and / cation.
Place :	Signature of a	pplicant :
Date :		
******	********	********
	ENDORSEMENT BY FOR who are in service of Gov Institu (To be filled in by the	t./ semi Govt. /PSUs/Universities/ Academic tions)
Forwarded the applicat	ion of Mr./ Ms./ Dr	•
Place: Date:	Signatu Design Office S	
	FOR OFFICE	E USE ONLY

YES / NO ******************************

1. Application received on :______

2. Remarks

3. Selected for the Interview:

Summary Sheet
(To be filled by the candidate)

1.	Name of the Candi	idate :						
2.	Contact Details	: Mob:	: Mob:					
		Email:						
3.	Post Applied For	:	:					
_	- 10 10							
4.	Educational Qualifi		1	0/ 475 1 /				
Sl. No	Certificate/ Degree	Name of the Institute / University	Year of Passing	% of Marks/ Grade/Div.	For Office use			
1.	HSC/HSLC	institute / University	1 dssing	drade/Div.	Office use			
	Higher Secondary							
	Diploma							
	Bachelor's degree							
	Master's degree							
	Any Other							
2.	Experience (in years / Months)							
	Post Held	Organization	Exp. In Yrs/Mnt	Salary Drawn				
3.			1					
	Any other relevant Qualifications / Experience							
Date	:		Signature o	f the candidate				