



NATIONAL INSTITUTE OF TECHNOLOGY MIZORAM
CHALTLANG, AIZAWL (MIZORAM) - 796012
(Application Form for TRAINEE TEACHERS)

Advertisement No. & Date : NIT-MZ/RECRUIT(TTS)/01/2014; 26/03/2014

Department (applied for) :

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1.	Full Name(in block letters)	:	
2.	Father's/Mother's Name	:	
3.	Date of Birth (DD/MM/YYYY)	:	4. Age (as on last date):
5.	Nationality	:	6. Gender: Male/Female
7.	Category (GEN/OBC/SC/ST/PWD)	:	
8.	Marital Status (Married/Unmarried)	:	
9.	Native Place (Village/Town, District & State)	:	
10.	Postal Address for correspondence	:	Pin Code: Phone No.: Mob. No.: Email-ID:
11.	Permanent Address (Mention Village/Town, District and State you belong to)	:	Pin Code: Phone No.: Mob. No.: Email-ID:
12.	Are you a B.Tech graduate from CFTIs/pursuing your study in any of the CFTIs (like IIT, NIT, IIIT, etc.), if yes, mention the Institute's name & address	:	Yes/No Name of Institute: Address:

13.	<i>Required for candidates from non-CFTIs</i> Do you have a valid GATE score (If yes, please furnish the details)	Yes/No Year:	Percentile/Marks:
14.	Do you belong to Top 15% of the students in your Institute	: Yes/No Your Rank in your branch:	

15. Educational Qualifications (matriculation onwards and each semester B. Tech result (i.e., from Ist to VIIIth)):

Sl. No.	Examination Passed	Name of the Board/ Institute/ University	Year of Passing	Subject/ Branch Specialization/	% of Marks/ Grade (CGPA)	Rank
1.	Class-X					
2.	Class-XII					
3.	BTech - I st Sem					
4.	BTech - II nd Sem					
5.	BTech - III rd Sem					
6.	BTech - IV th Sem					
7.	BTech - V th Sem					
8.	BTech - VI th Sem					
9.	BTech - VII th Sem					
10.	BTech - VIII th Sem					
11.						

16. (a) Details of B.Tech. Thesis/Project:

Title of the Thesis	Ongoing / Completed	Name of the Supervisor	Paper presented / Published (if any)

(b) Give details of the summer training (if any)

Sl.No.	Name of the Organization	Duration (From ... to...)	Title of the Project/ Training Programme	Remarks (If any)

(c) Conference/Seminar (National and International level) participated:

Sl. No.	Name of the National or International Conference/Seminar	Month/ Year	Venue	Title of the paper presented (if any)

17. Prizes, Awards, Distinction received etc. (if any):

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18. Extra Curricular Activities/Hobbies:.....

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19. Please give details of two referees:

(i) Name: Designation: Full Address (Office): Contact No.: Email:	(ii) Name: Designation: Full Address (Office): Contact No.: Email:
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20. Any other relevant information:.....

DECLARATION

I declare that the statements made in this application are true to the best of my knowledge and belief. I understand that any misleading or wrong information supplied by me may lead to summarily rejection of my application / appointment (if found subsequently).

Date:

(Full Signature of Applicant)

Place: