राष्ट्रीय प्रौद्योगिकी संस्थान मिजोरम

NATIONAL INSTITUTE OF TECHNOLOGY MIZORAM

(An Institute of National Importance under Ministry of HRD, Govt. of India)

CHALTLANG, AIZAWL, MIZORAM – 796012

(Advt. No. NITMZ/R/Non-Faculty/01/2017/539 Dt. 18th August, 2017)

APPLICATION PROFORMA FOR NON-FACULTY POSITION

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

				1 11		
NAM	E OF POST APPLIED:_					
1. Na	me in Full:	Geno	ler: M / F			
	Block Letters)					
`	,					
b) Mother's Name:				Affix self attested recent coloured passport photo		
3. i) <i>I</i>	Address for correspondence	2:				
		Fax No				
;;)						
11)	· _					
Date of	9 .	dd/mm/yy Age: OBC UR , whether belong to Non-creamy	Year	rs M	onths	
6. Par	ticulars of Educational (Qualifications (Attach separate sl	neet, if requir	ed):		
Sl. No.	Degree Obtained & Branch / Specialization (specify)	Name of the Board/University&Institute	Year of Passing	% of Marks/ CGPA	Class/ Division	
1	HSC/HSLC					
2	Higher Secondary					
3	Diploma					

4	Bachelor's Degree				
5	Master's Degree				
6	Others (if any)				
7. Pa	rticulars of Technical/ Pro	fessional Qualifications (M Name of the Board/	ark sheets shou	ld be enclose	ed):
No.	Examination Passed	University/Institute	Passing	Marks/ CGPA	Division
1					
2					
3					
-					
Sl. No.	perience and details of emp	Name of Post	Period	Nature of Work	
•					
9. An	y other information releva	nt to the Post applied for:			
10.	DD. No.:	D	ate:		

11. DETAILS OF TESTIMONIALS / CERTIFICATES / DOCUMENTS ENCLOSED:

N.B.:		olication must be accompanied by the candidate in respect of date		
(Do a		attested copies of all document	s/ certificates in support o	f the information furnished by you.)
	1.		2.	
	3.		4.	
	5.		6.	
	7.		8.	
	9.		10.	
	<i>)</i> .			
	Date:			Name & Signature of the Candidate
		DECLARAT	TION BY THE APPLI	CANT
partic best o	culars proof of my known	vided by the Institute and at wledge and belief.	firm that all information	and understood the instructions and on that I have furnished is true to the ces arising out of incorrect and / or
Place	:		Signature of applicant	t:
Date :	:		Name :	
k	******	*******	*******	********
		olicants who are in service of (To be filled	d in by the present empl	Universities/ Academic Institutions) oyer)
Forw	arded th	e application of Mr./ Ms./ D	r	
Place:	:		Signature of the Forw Designation:	arding Authority:
			Office Seal:	

FOR OFFICE USE ONLY

_		:			
2. Remarks :					
4. Co	ontact details of Candi	date: (a) e-mail:			
		(b) Mobile No:			
**	*********	********		******	*****
		Summary S (To be filled by the			
1.	Name of the Candid	ate :			
2.	Contact Details	: Mob:			
		Email:			
3.	Post Applied For	•			
J.	1 ost Applica For	•			
4.	Educational Qualifica	ations [.]			
Sl.	Certificate/	Name of the	Year of	% of Marks/	For
No	Degree	Institute / University	Passing	Grade/Div.	Office use
1.	HSC/HSLC				
	Higher Secondary				
	Diploma				
	Bachelor's degree				
	Master's degree				
	Any Other				
2.	Experience (in years / Month	hs)			
Post Held		Organization	Exp. In Yrs/Mnt	Salary Drawn	
3.			ı		
	Any other relevant Qualifications / Experience				

Signature of the candidate

Date: