NATIONAL INSTITUTE OF TECHNOLOGY, MIZORAM

Chaltlang Dawrkawn, Aizawl, Mizoram - 796012 (Advt No. NITMZ/R/Adhoc-T.A/2016)
APPLICATION PROFORMA FOR THE POST OF FIELD SURVEYOR, UBA

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

APPI	LICATION FOR THE POS	ST OF			
(In] 2. a) I b) I	me in Full:		-	recer	self attested nt colored port photo
Mobil E-mai	e Nole Noll address:ermanent Address:				
4. Nat	tionality:				
Date of	of Birth :	dd/mm/yy Age	: Y	ears	Months
	8 .	BC UR PWD whether belong to Non crea	my layer	Yes / No	
0. I u	dictional Quantity				
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	Graduation				
4	Post Graduation				
5	Other				

Attach separate sheet if required

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

Sl. No.	Examination Passed	Name of the Board/ University/Institute	Year of Passing	% of Marks/ CGPA	Class/ Division
1					
2					
3					
4					
5					

8. Experience and details of employment, if any (Certificate should be enclosed)	8. I	3.	Experience and	details of en	nployment	, if any (Certificate should be enclose	(be
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Sl. No.	Name of Organization	Name of Post	Period	Nature of Work Handled

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

10	DETAILS	OF TESTIMONIALS /	CEDTIFICATES	/ DOCUMENTS ENCLOSED:
IU.	DELAILS	OF IESTIMONIALS/	CERTIFICATES	/ DOCUMENTS FINCTOSED:

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.

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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 :	Name :
(Only for applicants who are in servi	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: