# 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)

NAM	E OF POST APPLIED:				
(In I	Block Letters)	Geno	der: M / F	Affix self	Cattested
b) N	Mother's Name:			recent co	oloured
3. i) A	Address for correspondenc	e:		Foodpar	
ii)	Mobile NoE-mail address:	Fax No			
Date of	of Birth : SC ST	dd/mm/yy Age:	Yea		onths
6. Par		C, whether belong to Non-creamy  Qualifications (Attach separate sl			
SI. 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	ark sheets shou	ld be enclose	ed):
Sl. No.	Examination Passed	Name of the Board/ University/Institute	Year of Passing	% of Marks/ CGPA	Class/ Division
1					
2					
3					
8. Ex	operience and details of em	ployment, if any (Certificate	should be enclo	osed):	
	,	p			
SI. No.	Name of Organization	Name of Post	Period	Nature	of Work
9. Ar	ny other information relev	ant to the Post applied for:			
10.	DETAILS OF TESTIMO	NIALS / CERTIFICATES / D	OCUMENTS	FNCLOSI	2D:
N.B.:	Every application must be acco	impanied by self attested photo co pect of date of birth, academic qu	pies of documer	nts in support	of claims
(Do		l documents/ certificates in sup	port of the info	rmation furi	nished by y
	1.	2.			
	3.	4.			
	5.	6.			
		o			
	1.				
	7.		10		
				& Signatur	

#### **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 se	MENT BY FORWARDING AUTHORITY ervice of Govt./ semi Govt. /PSUs/Universities/ Academic Institutions be 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				
	VPC (NO				
3. Selected for the Interview:	YES / NO				
4. Contact details of Candidate:	(a) e-mail:				
	(b) Mobile No:				
*******	***************				

Summary Sheet
(To be filled by the candidate)

1.	Name of the Candidate	* *** *** *** *** *** *** *** *** *** *			
2.	<b>Contact Details</b>	: Mob:			
		Email:			
3.	Post Applied For	:			
4.	Educational Qualification	ons:			
SI.	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 / Months)				
	Post Held	Organization	Exp. In Yrs/Mnt	Salary Drawn	
3.					
	Any other relevant Qualifications / Experience				
Date			Sign:	ature of the cand	idate