For Office use:

Higher Secondary

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-TEACHING POSTS

(Candidates are advised to read General Instructions and Information, before filling up the Application Form)

Advertisement No. NITMZ/R/07/NF/2018/819 Dt. 26th Septe				eptember	, 2019
NAM	E OF POST APPLIED:				
1. Name in Full:					ix self attested cent coloured assport photo
2. a) Father's Name:					
b) I	Mother's Name:				
3. i) A	address for corresponden	ce:			
ii) i	Mobile NoE-mail address:	Fax No		_	
4. Nationality: 5. Religion:					
Date	of Birth :	dd/mm/yy Age:	Ye	ars	Months
6. Category: SC ST OBC UR In case of OBC, whether belong to Non-creamy layer Yes / No					
7. Particulars of Educational Qualifications (Attach separate sheet, if required):					
Sl. No.	Degree Obtained & Branch / Specialization (specify)	Name of the Board/University & Institute	Year of Passing	% of Marks / CGPA	Class/ Division
1	HSC/HSLC				

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

11.	DD. No.:	Date:	
	Bank:	Amount:	
12.	DETAILS OF TESTIMONIALS / CERTIFICATES / DOCUMENTS ENCLOSED:		

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.)

1.		2.	
3.		4.	
5.		6.	
7.		8.	
9.		10.	
11.		12.	
Date:		Name & Signature of the Candidate	
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	SEMENT BY FORWARDING AUTHORITY e in service of Govt./ semi Govt. /PSUs/Universities/ Academic Institutions) be filled in by the present employer)			
Forwarded the application of M	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:				

Summary Sheet
(To be filled by the candidate)

1.	Name of the Candi	date :			
2.	Contact Details	: Mob:			
		Email:			
3.	Post Applied For	:			
	E1 .: 10 !:C				
4.	Educational Qualific		V	0/ -63/61/	Г
Sl. No	Certificate/ Degree	Name of the Institute / University	Year of Passing	% of Marks/ Grade/Div.	For Office use
1.	HSC/HSLC	institute / University	T dosing	urade/Divi	omec use
	Higher Secondary				
	Diploma				
	Bachelor's degree				
	Master's degree				
	Any Other				
2.	Experience (in years / Mo	nths)			
	Post Held	Organization	Exp. In Yrs/Mnt	Salary Drawn	
3.					
	Any other relevant Qualifications / Experience				
Date	:		Signature o	f the candidate	