

NATIONAL INSTITUTE OF TECHNOLOGY, MIZORAM
Chaltlang Dawrkawn, Aizawl, Mizoram – 796012
(Advt No. NITMZ/R/Adhoc-ACCOUNTANT/2016)

APPLICATION PROFORMA FOR THE POST OF ACCOUNTANT- (Adhoc)

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

APPLICATION FOR THE POST OF _____

1. Name in Full: _____ Gender: M / F

(In Block Letters)

2. a) Father's Name: _____

b) Mother's Name: _____

3. i) Address for correspondence:

Phone No. _____ Fax No. _____

Mobile No. _____

E-mail address: _____

ii) Permanent Address : _____

4. Nationality: _____

Date of Birth : dd/mm/yy Age: Years Months

5. Category: SC ST OBC UR PWD

In case of OBC, whether belong to Non creamy layer ... Yes / No

6. Particulars of Educational Qualifications

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	Bachelor Degree				
4	Master Degree				
5	Other				

* Attach separate sheet if required

Affix self attested
recent colored
passport photo

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):

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 / 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, practical training, experience, caste etc.

- | | | | |
|----|-------|----|-------|
| 1. | _____ | 2. | _____ |
| 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: _____

ENDORSEMENT BY FORWARDING AUTHORITY

(Only for applicants who are in service of Govt./ semi Govt. /PSUs/Universities/ Academic Institutions)

(To be filled in by the present employer)

Forwarded the application of Mr./ Ms./ Dr _____.

Place: _____ Signature of the Forwarding Authority: _____

Date: _____ 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: _____