NATIONAL INSTITUTE OF TECHNOLOGY, MIZORAM

Chaltlang Dawrkawn, Aizawl, Mizoram - 796012 (Advt No. NITMZ/R-3/Adhoc/F-NF/2016)

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

APP	LICATION FOR THE PO	ST OF				
1. Name in Full: (In Block Letters) 2. a) Father's Name:			Gender: M / F		Affix self atteste recent colored	
	Mother's Name:			pass	port photo	
	Address for correspondence		_			
Mobi	e NoI	Fax No				
L-1111a	il address: Permanent Address :					
5. Ca	26-2-2-2-3	dd/mm/yy Age BC UR PWD whether belong to Non creatallifications		Yes / No	Months	
Sl.	Degree Obtained &	Name of the	Year of	% of	Class/	
No.	Branch / Specialization (specify)	University/Institute	Passing	Marks/	Division	
1	HSC			CGPA		
2	Higher Secondary					
3	Bachelor Degree					
4	Master Degree					
5	Other	*				
	Attach separate sheet if req	uired				

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

Examination Passed	Name of the Board/ University/Institute	Year of Passing	% of Marks/ CGPA	Class/ Division
	Examination Passed		12	University/Institute Passing Marks/

8. Experience and details of employment, if any (Certificate should be enclosed):

SI. No.	Name of Organization	Name of Post	Period	Nature of Work Handled
2.11				

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

10	DETAILS OF TESTIMONIAL	SICEDTIFICATES	/ DOCUMENTS ENCLOSED:
10	DETAILS OF TESTIMONIAL	SICERTIFICATES	/ 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.

·	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:	■ Windowstree
(Only for applicants who are in serv	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: