NATIONAL INSTITUTE OF TECHNOLOGY MIZORAM

Chaltlang Dawrkawn, Aizawl, Mizoram - 796012

APPLICATION PROFORMA FOR THE POST OF JRF

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

APPI	LICATION FOR THE PO	ST OF				
(In	ne in Full: Block Letters) Father's Name:	Affix self attested recent colored				
b) l	Mother's Name:			passport photo		
3. i)	Address for correspondence	:				
		_				
Mobi E-ma						
4. Na	tionality:					
Date	of Birth:	dd/mm/yy Age:	Y	ears	Months	
	8 /	BC UR PWD whether belong to Non crear ualifications	ny layer	Yes / No		
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	ITI					
4	Diploma					
5	B.E./B.Tech.					
6	M.E./M.Tech.					

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

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

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

0	Anv	other	inform	ation	relevant	to	the	Post	annlied	for
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10.	DETAILS	OF TESTIMONIALS /	CERTIFICATES	/ DOCUMENTS	ENCLOSED .
IU.					

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 :	
(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./N	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: