



राष्ट्रीय प्रौद्योगिकी संस्थान मिज़ोरम

**NATIONAL INSTITUTE OF TECHNOLOGY MIZORAM**

(An Institution of National Importance under Ministry of Education, Govt. of India)

चलत्लांग, आइज़ोल, मिज़ोरम / CHALTLANG, AIZAWL, MIZORAM – 796012

Phone/Fax: 0389-2391236 / 0389-2391699 / 0389-2391774

Email: registraroffice@nitmz.ac.in

**APPLICATION FOR TEMPORARY FACULTY**

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

**Advertisement No. NITMZ/R-2-16/TF/2024/083 Dt. 24.01.2024**

1. **Name of position applied** : Temporary Faculty
2. **Name of Department Applied for** : EE/ ECE / CSE/ ME/ CE
3. **Category of post applied for** : Open
4. **Specialization (If any)** : \_\_\_\_\_
5. **Current Area of Research** : \_\_\_\_\_
6. **Application Fees Payment:** Receipt / Transaction No. \_\_\_\_\_  
Date : \_\_\_\_\_ Amount (₹): \_\_\_\_\_
7. **Name of applicant in Full** : \_\_\_\_\_  
(In Block Letters)
8. **Sex (Male / Female)** : \_\_\_\_\_
9. a) **Father's Name** : \_\_\_\_\_  
b) **Mother's Name** : \_\_\_\_\_
10. **Date and Place of Birth** : \_\_\_\_\_
11. **Age** : \_\_\_\_\_ Year \_\_\_\_\_ Month
12. **Religion** :
13. **Nationality** :
14. **Category** : SC / ST / OBC / UR  
In case of OBC, whether belong to Non creamy layer ... **Yes / No**
15. **Whether Physically Handicapped?** :  
(If 'yes', state whether VH/HH/OH)

Affix self  
attested recent  
colour passport  
photo

16. State of Domicile :

**17.i) Address for correspondence:**

\_\_\_\_\_ PIN: \_\_\_\_\_

Mobile No. \_\_\_\_\_ E-mail address: \_\_\_\_\_

**ii) Permanent Address:**

\_\_\_\_\_ PIN: \_\_\_\_\_

Mobile No. \_\_\_\_\_ Email address: \_\_\_\_\_

**18. PARTICULARS OF EDUCATIONAL QUALIFICATIONS:**

Sl. No.	Degree Obtained & Branch / Specialization (specify)	Name of the University/Institute	Year of Passing	Total Marks	Marks Obtained	% of Marks/CGPA	Class/ Division
1	HSLC						
2	HSSLC						
3	Diploma						
4	Bachelor's Degree						
5	Master's Degree						
6	Ph.D. Degree						
7	Others (if any)*						

\* Attach separate sheet if required.

**19. JOB/RESEARCH EXPERIENCE:**

NATURE OF JOB	DETAILS (ORGANISATION, DESIGNATION)	YEAR (DURATION)	PAY SCALE & LAST PAY DRAWN
TEACHING			
RESEARCH			
INDUSTRY			
ADMINISTRATIVE			

**Break -up of Work Experience (to be filled in on the basis of S.N 19 above):**

Sl. No.	Nature of Experience	Years	Months	Days
1	PG Level Teaching Experience			
2	UG Level Teaching Experience			
3	Post-Doctoral Research Experience			
4	Post-Doctoral Professional Experience			
5	Other Work Experience			
	Total Experience			

20. **RESEARCH AND PUBLICATIONS:** (Please provide details on separate sheet)

**a) Number of Publications:** (Attach Proof)

(i) International : Referred Journals =  
Conferences/Seminars/Workshops =

(ii) National : Referred Journals =  
Conferences/Seminars/Workshops =

**b) Membership in Professional Bodies** (Attach Proof) =

21. Any other information relevant to the Post applied for, such as:

a) Position of responsibility in Professional Societies:

b) Attainments in sports and extra-curricular activities (including N.C.C.):

c) Language fluency:

Language	Read	Write	Speak

d) Awards and Recognition including scholarship:

e) Other Academic and Corporate Activities:

f) Any Other Relevant Information, You may like to furnish:

**22. DETAILS OF TESTIMONIALS / CERTIFICATES / DOCUMENTS ENCLOSED:**

Every application must be accompanied by photo copies of documents in support of claims made by the candidate in respect of date of birth, academic qualifications, practical training, experience, caste, projects, publications, consultancy etc.

1.	8.
2.	9.
3.	10.
4.	11.
5.	12.
6.	13.
7.	14.

**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.

Signature of applicant: \_\_\_\_\_

Name:

Place:

Date:

\*\*\*\*\*

**FOR OFFICE USE ONLY**

- 1. Remarks : \_\_\_\_\_
- 2. Selected for the Interview : **YES / NO**