

मौलाना आजा़द राष्ट्रीय प्रौद्योगिकी संस्थान, भोपाल-462003

(शिक्षा मंत्रालय, भारत सरकार के अधीन राष्ट्रीय महत्व का संस्थान)

MAULANA AZAD NATIONAL INSTITUTE OF TECHNOLOGY, BHOPAL-462003

(An Institute of National importance under Ministry of Education, Govt. of India)

Note: Prospective candidates are advised to study the **Instructions** carefully and then fill up the application

| | APPLICATION | N F | ORI | M | | Ad | verti | seme | ent No: | AB/Estt | /NFR-202 | 2/2001 | |
|-----------------|---|---------|---------------------|--------|--------|---------|--------------|--------|------------------------------|-----------|--------------|---------|--|
| | 7.1. 1. 2. 67 1. 1. 61 | • • | • | • • | | Da | te: | | | 04/03/2 | 2022 | | |
| os | Applied For | | | | | | | | | | | | |
| | | FEE | REMIT | TANO | E DET | AILS | | | | | | | |
| BI | Collect Transaction | | | | | | | | | Affiv r | ecent passpo | rt cizo | |
| no. & Date | | | | | | | | | | | photograph | | |
| Amount (In Rs.) | | | | | | | | | duly signed by the candidate | | | | |
| f ex | empted, specify | | | | | | | | | | | | |
| ate | egory | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| L. | Personal Information | n | | | | | | | | | | | |
| | Name of Applicant (in full capitals) | | | | | | | | | | | | |
| | Father's name | | | | | | | | | | | | |
| | Mother's Name | | | | | | | | | _ | | | |
| | Date of Birth & Age | | DD | | IM | M | ١ | Υ | - | Years | Months | Days | |
| | (As on last date of recei | | | | | | | | Age | | | | |
| | of Application-proof of DoB to be enclosed) | | | | | | | | | | | | |
| | Nationality | | | | | | | | Religion | | 1 | | |
| | Category (SC/ST/OBC/ | 'EWS | JUR/E | x-se | rvicen | nan) | | | rtengion | ļ | | | |
| | Gender | | | | | | | | Marital Status | | | | |
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|) \N | hether Person with Disa | hility | , _{Yes} *[| \neg | lo 🗌 | l (Pur | t √ n | nark) | | | | | |
| | | D | (Put | | |] (, a | | ιατική | | | | | |
| • | - Blindness & Low Vision; | | - | | | hear | ing | | | | | | |
| | - Locomotor disability ind | - | | | | | _ | ed, dv | arfism, acid attack | victims & | | | |
| | cular dystrophy | | | | | | | | | | | | |
| (d) | - autism, intellectual disa | ability | /, speci | tic le | arning | g disal | oility a | ind m | ental illness; | | | | |

3. Complete Postal address with Pin code

| For Correspondence address | | | | | | | | Permanent Address | | | | | | |
|----------------------------|------|-------|---|--|--|--|--|-------------------|---|---|--|--|--|--|
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| PIN | | | | | | | | PIN | | | | | | |
| Other Contact in | form | natio | n | | | | | | | | | | | |
| Phone No with STD Code | R | | | | | | | Mobile | 1 | | | | | |
| | 0 | | | | | | | Mobile | 2 | | | | | |
| E-mail | | l | | | | | | | 1 | I | | | | |

| 4. | Educational Qualifica | tions | | | | |
|----|------------------------|----------------------|-------------------|-------|--------|---------|
| | Name of | Subject / discipline | University/ | % of | Grade/ | Year of |
| | Degree/Diploma | | Institution/Board | Marks | Div. | passing |
| | 10 th | | | | | |
| | 12 th | | | | | |
| | Bachelor's degree | | | | | |
| | Master's degree | | | | | |
| | Desirable | | | | | |
| | qualification (if any) | | | | | |
| | Others (if any) | | | | | |
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CGPA to % (percentage) conversion certificate should be obtained from the Institute/University if same is not mentioned in the marksheet/degree. Candidate should only specify percentage in the relevant column.

| 5. | Detail of Experience (In reverse Chronological order)(Attach extra sheet, if needed) | | | | | | | | | |
|----|--|------|---------|----|----------|---|-------|------------|-----------|----------|
| | Organization | Post | Peri | od | Duration | | Pay | Nature of | Temp/ | Reason |
| | | | From To | | Υ | М | level | Responsibi | Regular/ | of |
| | | | | | | | | lities | Permanent | quitting |
| a. | | | | | | | | | | |
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| b. | | | | | | | | | | |
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| c. | | | | | | | | | | |
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| d. | | | | | | | | | | |
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| 6. | Details of workshop/Training program | nmes, et | c. attended | | | | | | |
|------|---|------------|-----------------------|-----------------------------|----------------|--|--|--|--|
| | Conducting Organization | Tit | le of programme | Duration o | of programme | | | | |
| | | | | From | То | | | | |
| a. | | | | | | | | | |
| b. | | | | | | | | | |
| c. | | | | | | | | | |
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| 7. | Character & Antecedents Report. | | | | | | | | |
| | Subject | | | Comm | nents | | | | |
| a. | Have you ever been subject to any | discipli | nary action, as a | | | | | | |
| | student and/or as an employee, If so | give full | details. | | | | | | |
| b. | Have you ever been dism | issed/su | uspended from | | | | | | |
| | service/employment, if so please give | full det | ails | | | | | | |
| c. | Were you involved in any criminal cas | e, If yes | , give full details | | | | | | |
| d. | Is any criminal case pending against | you in | the court, If yes, | | | | | | |
| | give full details | | | | | | | | |
| | | | | | | | | | |
| 8. | Other relevant information | | | | | | | | |
| | Prizes/Medal/Awards/distinction | | | | | | | | |
| | Scholarship Received | | | | | | | | |
| | Sports and Extra-curricular activities | | | | | | | | |
| | (including NCC/NSS) | | | | | | | | |
| | Languages known | | | | | | | | |
| | Level of Computer Proficiency | | | | | | | | |
| | Details of published papers | | | | | | | | |
| | | | | | | | | | |
| 9 F | Please Provide a Statement of Purpo | ose in n | ot more than 500 | 0 words describin | ng how you are | | | | |
| suit | able for the requirements of the adve | ertised p | oost (please attach | separate sheet). | | | | | |
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| 10 | Name and Address of minimum two | | | | | | | | |
| | (Referees should be familiar with your acad | lemic/ Pro | ofessional Work and s | | | | | | |
| | Name & address | | | Name & addre | SS | | | | |
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| | | | | | | | | | |
| | Designation & organization: | | | Designation & organization: | | | | | |
| | Phone: | | | Phone: | | | | | |
| | Mobile: | | Mobile: | | | | | | |
| | E-mail: | | E-mail: | | | | | | |

| numbe | red): | | | | | | | | | |
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| Sl. n | 0. | | Description | Page no. | | | | | | |
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| | | | DECLARATION | | | | | | | |
| | I, hereby declare that I have carefully read and understood the instructions and particulars | | | | | | | | | |
| supplied | d to m | e, and that all en | tries in this form, as well as, in attached sheets are true to | the best of my | | | | | | |
| knowled | knowledge and belief. At any stage if any of the information furnished by me is found to be false or | | | | | | | | | |
| incorrec | incorrect, suitable action may be taken against me. If selected, I promise to abide by the rules and | | | | | | | | | |
| regulati | ons of | the Institute. | | | | | | | | |
| Date: | | | | | | | | | | |
| Place: | | | | | | | | | | |
| | | | Signatu | re of candidate | | | | | | |

11. Details of Enclosures (Important: all the enclosures should be self-attested and serially

FORMAT OF NO OBJECTION CERTIFICATE TO BE FURNISHED BY THE CANDIDATE WHO IS ALREADY IN EMPLOYMENT ON PERMANENT/REGULAR/TEMPORARY/CONTRACTUAL BASIS

| Certified that Dr./Mr./Mrs/Ms | | Son/Daughter o | | | | | | | |
|--|------------------|---|----------------|------------------|-------|--|--|--|--|
| Shri | | is a permanent/regular/temporary/contractua | | | | | | | |
| employee of the department/ | institution/org | anization worl | king as | | | | | | |
| (Designation & Pay Level) since | | The Departm | ent/Instituti | ion/organization | n has | | | | |
| No Objection, if he/she is appoir | ited in Maulana | a Azad Nationa | l Institute of | f Technology Bh | nopal | | | | |
| against the post of | Junior Eng | gineer as | per ad | lvertisement | No. | | | | |
| AB/Estt/date | d | ••• | | | | | | | |
| | | | | | | | | | |
| It is further certified that no vi | gilance/discipli | nary case and | department | al enquiry is e | ither | | | | |
| pending or contemplated against him/her. | | | | | | | | | |
| | | | | | | | | | |
| Place: | | | | | | | | | |
| Date: | | | | | | | | | |
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SIGNATURE WITH SEAL OF THE HEAD OF DEPARTMENT/INSTITUTION/ORGANISATION