

## National Institute of Technology, Meghalaya (An Institute of National Importance under MHRD, Govt. of India) Bijni Complex, Shillong 793003, Meghalaya

## APPLICATION FORM

	For Office use	Affix latest colour
	Application No:	Passport size Photograph here (self attested)
	Date of receipt:	(sen anested)
Name of the Applic (In block CAPITA	cant Mr./Ms L letters)	
Father's/Mother's l	Name:	
Gender:	4. Date of Birth:	
Marital Status:		
Spouse's Name:		
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Test Name	Registration		Score		Rank	Qualifying	
	]	Number	Percentag	ge Percentile	Kank	Year/Month	
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Degree/ Exam (with discipline)		University / College / Board	Year of Passing	Percentage of Marks / CGPA	Class/Grade/	Rank Subject Taken	
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15. Details of two referees under whom the candidate ha	as worked or studied
Referee 1	
Name:	
Designation: University/Institute:	
E-mail id:	
Referee 2	
Name:	
Designation:	
University/Institute: E-mail id:	
DECLARATION BY THE	
I hereby certify that the information furnished above i information provided here is found to be incorrect my cand	-
Date:	
Place:	Signature of the Applicant
FOR OFFICE	USE
From the copies of certificates in support of the above eligible/not-eligible* for further consideration.	particulars, it is certified that the applicant is
	Signature of the PI of the project
*particulars	