For Office use:

ANNEXURE - I

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: 0389 - 2391236 / 2391774 / 2391699 Email: registraroffice@nitmz.ac.in Website: www.nitmz.ac.in

PRESCRIBED APPLICATION FORM FOR NON-TEACHING POSTS

(Candidates are advised to read General Instructions and Information, before filling up the Application Form)

Sex: Male / Female: 2. a) Father's Name: b) Mother's Name: Phone No. Fax No. Mobile No. E-mail address: ii) Permanent Address:	(candidates are advised to read delici ai inst	u uctions and information, before ining up the Application Form)
NAME OF DEPARTMENT: 1. Name in Full: [In Block Letters) Sex: Male / Female: 2. a) Father's Name: b) Mother's Name: Phone No. Fax No. E-mail address: ii) Permanent Address 4. Nationality: 5. Religion:	Advertisement No. NITMZ/R-1-1	15/NT/2025/074 Dt: 11.02.2025
1. Name in Full: (In Block Letters) Sex: Male / Female: 2. a) Father's Name: b) Mother's Name: Phone No. Fax No. Mobile No. E-mail address: ii) Permanent Address: 5. Religion:	NAME OF POST APPLIED:	
Affix self atter recent colour passport photo 2. a) Father's Name: b) Mother's Name: Phone No. Fax No. Mobile No. E-mail address: ii) Permanent Address:	NAME OF DEPARTMENT:	
recent colour passport pho 2. a) Father's Name: b) Mother's Name: 3. i) Address for correspondence: Phone No Fax No Mobile No E-mail address: ii) Permanent Address : 4. Nationality: 5. Religion:	1. Name in Full:	
Sex: Male / Female:	(In Block Letters)	Affix self attested
b) Mother's Name: 3. i) Address for correspondence: Phone No Fax No Mobile No E-mail address: ii) Permanent Address : 4. Nationality: 5. Religion:	Sex: Male / Female:	nacenert photo
3. i) Address for correspondence:	2. a) Father's Name:	
Phone No Fax No Mobile No E-mail address: ii) Permanent Address : 4. Nationality: 5. Religion:	b) Mother's Name:	
Phone No Fax No Mobile No E-mail address: ii) Permanent Address: 4. Nationality: 5. Religion: Fax No Fax No Fax No Fax No Fax No Fax No Fax No	3. i) Address for correspondence:	
Phone No Fax No Mobile No E-mail address: ii) Permanent Address: 4. Nationality: 5. Religion: Fax No Fax No Fax No Fax No Fax No Fax No Fax No	-	
Mobile No E-mail address: ii) Permanent Address : 4. Nationality: 5. Religion:	-	
E-mail address: ii) Permanent Address : 4. Nationality: 5. Religion:	Phone No	Fax No
ii) Permanent Address :	Mobile No	
4. Nationality: 5. Religion:	E-mail address:	
4. Nationality: 5. Religion:	ii) Permanent Address :	
		
6. Date of Birth : dd/mm/yy Age: Years Mont	4. Nationality:	5. Religion:
	6. Date of Birth :	dd/mm/yy Age: Years Months
7. Category (UR / SC / ST / OBC / EWS / PwD): In case of OBC, whether belong to Non-creamy layer Yes / No		

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

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

Sl. No.	Examination Passed	Name of the Board/ University/Institute	Year of Passing	Total Marks Secured/ Full Marks	% of Marks/ CGPA	Class/ Division
1						
2						
3						

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

Sl. No.	Name of Organization	Name of Post	Period	Nature of Work

11. Experience and details of employment at NIT Mizoram, for Applicant who is availing 'One Time Age Relaxation Clause' (Supporting Document should be enclosed):

Sl. No.	Name of Organization	Name of Post	Period	Nature of Work

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

13. APPLICATION FEES PAYMENT DETAILS:

Transaction Ref. No.	
Transaction Date:	
Bank:	
Amount:	

14. DETAILS OF TESTIMONIALS / CERTIFICATES / 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, training, experience, caste etc.

(Do attach self-attested copies of all documents/ certificates in support of the information furnished by you.)

1.	13.
2.	14.
3.	15.
4.	16.
5.	17.
6.	18.
7.	19.
8.	20.
9.	21.
10.	22.
11.	23.
12.	24.

Date: Name & Signature of the Candidate

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 :	Name :
****	**********************

ENDORSEMENT BY FORWARDING AUTHORITY

alicents who are in corrige of Court / comi Court / DCIIc/Univ ities/

(Only fo	or applicants who are in service of Govt./ semi Govt. /PSUs/Universiti Academic Institutions)
	(To be filled in by the present employer)
Forward	led the application of Mr./Ms./Dr
Place:	Signature of the Forwarding Authority:
Date: Designation:	
	Office Seal:
*	*************************

Summary Sheet

(To be filled by the candidate)

1.	Name of the Cand	lidate :				<u></u>
2.	Contact Details	: Mob:				
		Email ID:				
3.	Post Applied For	:				
4. Sl.	Educational Qualific Certificate/	Name of the	Year of	Marks	0/. of Marks /	For
No	Degree	Institute / University	Passing	Obtained/	% of Marks/ Grade/Div.	Office use
	HSC/HSLC	moreure / omversity	- Lussing	Total Marks	Grade/ Bivi	
	Higher Secondary					
	Diploma					
1.	Bachelor's degree					
	Master's degree					
	Any Other					
	Experience (in years	s / Months)				
	Post Held	Organization	Exp. I	n Yrs/Mnt	Salary Drawn	
			-	•	-	
2.						
3.	Any other relevant Qualifications / Experience					
1	Ш	<u> </u>				

Date:

Signature of the candidate

FORMAT OF CERTIFICATES REQUIRED TO BE ENCLOSED BY THE CANDIDATES IN-SERVICE

INTEGRITY CERTIFICATE

After scrutinizing ACR/APAR of Dr. / Shri / Smt. / Ms who has applied for the post of Mizoram, it is certified that his/her integrity is beyond doubt.		
Date :	Authorized Signatory Name & Official Seal	
Certified that no vigilance case or discieither pending or contemplated	ARANCE CERTIFICATE iplinary proceedings or criminal proceedings is against Dr. / Shri / Smt. / Ms who has applied for the post of _ in NIT Mizoram.	
Date :	Authorized Signatory Name & Official Seal	

FORM OF CERTIFICATE TO BE PRODUCED BY THE OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF INDIA

This is to certify that Shri / Smt.	/ Kumari						
Son/daughter of						of village	e / town
			the	State	/	Union	Territory
			the				
Community which is recognized	l as a backward class	s und	ler the	Governi	ment	of india, I	Ministry of
Social Justice and Empowerment	t's Resolution No					_	
dated*. Sh	ri/Smt./Kumari						
and/or his/her family ordinarily	reside(s) in the						
District / Division of the State/U	Jnion Territory. This	is als	so cert	ify that h	ne/sh	e does not	belong to
the persons/sections (Creamy La	ayer) mentioned in Co	olum	n 3 of	the Sche	dule t	to the Gove	ernment of
India, Department of Personnel &	& Training O.M No. 36	012/	/22/93	-Estt.(SC	T) da	ated 8.9.19	93**.
Date :		District Magistrate Deputy Commissioner etc.					
Seal							
* - The authority issuing the cer	tificate may have to n	nenti	on the	details o	of Res	olution of	the
Government of India, in which th	ne caste of the candida	ate is	menti	oned as (OBC.		
** - As amended from time to ti	me.						
Note :- The term "Ordinarily" use	ed here will have the s	same	meani	ng as in S	Sectio	on 20 of th	e

Representation of the People Act, 1950.