

**ATAL BIHARI VAJPAYEE -**

**INDIAN INSTITUTE OF INFORMATION TECHNOLOGY & MANAGEMENT,**

**GWALIOR**

 (An Autonomous Institute of Govt. of India)

***APPLICATION FOR NON FACULTY POSITIONS***

**PART A: DETAILS OF APPLICANT**

Photograph

1 Post Applied for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.Father’s/ Mother’s/ Husband’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Date of Birth (DD/MM/YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Category: SC PH

6. Contact Details:

(a)Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(b) Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (c) Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Landline \_\_\_\_\_\_\_\_\_\_

Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Educational Qualifications (in chronological order : starting from the current to the first)

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| --- | --- | --- | --- | --- |
| **Degree/Certificate** | **Name of Institution** | **Passing Year** | **Grade / Division & Marks** | **Remarks** |
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8..1 Work Experience : (in chronological order : starting from the current to the first )

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sn** | **Designation**  | **Scale and pay (specify revised or old)** | **Name and Address of the Organization**  | **From**  | **To** | **Years**  | **Nature of work and responsibilities**  |
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8.1.1 Pl specify any specific experience you have that strongly supports your candidature.

8.2 Professional Training

|  |  |  |  |
| --- | --- | --- | --- |
| **Sn** | **Conducted by Organization** | **Period****From To** | **Particulars of Training** **(Topic etc.)**  |
|  |  |  |  |  |
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8.3 Knowledge of working on PC/workstation and familiarity with software packages

9. A short write up on why I consider myself suitable for the post applied for within 200 words.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

10. You may add any other information to support the candidature.

**PART-B:PRESENT EMPLOYMENT**

Additional details about present employment (If any)

Present Pay scale

(Central Govt/State Govt/PSU/Private Enterprise/Others (Specify)

If pay scale has been revised recently state the date of revision and also the pre revised scale

|  |  |  |  |
| --- | --- | --- | --- |
|  | Pre-revised | Revised | Remarks  |
| Basic pay |  |  |  |
| Dearness allowance |  |  |  |
| Other allowance Pl specify) |  |  |  |

Any Other information you wish to furnish

**PART-C: DECLARATION**

**Declaration by the Applicant**

I hereby declare that all the particulars stated in the application & enclosures, are true to the best of my knowledge and belief. At any time I am found to have concealed/distorted any material information, my candidature/appointment shall be summarily terminated without any notice/compensation

Place:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Signature of Applicant**

**PART-D: FORWARDING AUTHORITY/EMPLOYERS ENDORSEMENT**

This is to certify that Mr/Ms/Dr.------------------------------------ is working as --------------------------

 from ---------------- on regular/contract/tenure appointment in our department/organization. The above details given by him /her are verified and found correct as per our records. We have no objection for his/her applying to ABV-IIITM Gwalior.

It is further certified that no vigilance case enquiry is pending against him/her. In case of his/her selection, he/she will be relieved on deputation/direct recruitment.

**Date**

**Place Signature of the Employer with Office Seal**