



**VISVESVARAYA NATIONAL INSTITUTE OF TECHNOLOGY
NAGPUR 440 010 MAHARASHTRA**

(An Institution of National Importance under MHRD, Government of India)

Advertisement No. Advt. NoVNIT//HC/2017/03

Date:

APPLICATION FORM

1. Name of the Post:	Self Attested Photograph
2. Department : Health Centre	

1.	Name of the Applicant (In Block Letters)					
2.	Father's / Husband's Name					
3.	Date of Birth (dd/mm/yyyy)	Gender Male/Female	Age in Years as on 12th September 2017	Marital Status Married/Unmarried	Nationality	
4.	Category	SC / ST / OBC / PWD / UR				
5.	Address for Correspondence	Pin Code:				
	Tel.Nos./Fax Nos					Mobile:
	Email					
6.	Permanent Address	Pin Code:				
7.	Educational Qualifications					
	Qualification	Discipline	Name of the University/Institute	Year of Passing	% of Marks/ CGPA	Class/ Division
	10 th or Equivalent					
	12 th or Equivalent					
	Graduation					
	Internship					
Post Graduation and any Other.						

8.	Work Experience Details		Total Work Experience (in years):			
	Institute/ Organization/Private	Designation/ Post Held	From	To	Nature of Work	Total Salary/Income (Per month) in Rs.

9. Any other information :

i) **MCI /Relevant Council** registration no _____ Valid upto _____

10. Details of Enclosures attached (ALL Copies to be Self Attested)

a)

b)

c)

d) Identity Proof(Xerox)

DECLARATION

I hereby, solemnly declare that the information furnished in this application are true and correct to the best of my knowledge and belief. If at any time I am found to have concealed/ suppressed any material/ information or have given any false details, my candidature/appointment shall be liable to be summarily cancelled/ terminated without any notice or compensation.

Place:

Date:

Signature of the Applicant