

## विश्वेश्वरय्या राष्ट्रीय प्रौद्योगिकी संस्थान नागपूर — 440 010 (भारत) VISVESVARAYA NATIONAL INSTITUTE OF TECHNOLOGY NAGPUR 440 010 MAHARASHTRA

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

Advertisement No. Advt. NoVNIT/HC/2022/01

Date:

## **APPLICATION FORM**

| 1.               | Name of the Post:                      |         |                       |         |   |                    | H                                   |        |               |  |
|------------------|--|---------|-----------------------|---------|---|--------------------|-------------------------------------|--------|---------------|--|
|                  |  |         |                       |         |   |                    |                                     | olf Δt | tested        |  |
| 2.               | Department : <b>Health C</b>           |         |                       |         | Self Attested Photograph                            |                    |                                     |        |               |  |
|                  |  |         |                       |         |   |                    |                                     |        |               |  |
| 1.               | Name of the Applica (In Block Letters) | nt      |                       |         |   |                    |                                     |        |               |  |
| 2.               | Father's / Husband's                   |         |                       |         |   |                    |                                     |        |               |  |
| 3.               | Date of Birth (dd/mm/yyyy)             |         | Gender<br>Male/Female |         | Age in Year<br>as on 29 <sup>th</sup><br>April 2022 | Marrie             | Marital Status<br>Married/Unmarried |        | Nationality   |  |
| 4.               | Category                               |         | SC / ST<br>EWS/U      | / OBC / | PWD /   |                    |                                     |        |               |  |
| 5.               | Address for<br>Correspondence          |         | Pin Coo               | de.     |   |                    |                                     |        |               |  |
| Tel.Nos./Fax Nos |  |         | Mobile:               |         |   |                    |                                     |        |               |  |
|                  | Email                                  |         |                       |         |   |                    |                                     |        |               |  |
| 6.               | Permanent Address                      | ,       | Pin Coo               | de:     |   |                    |                                     |        |               |  |
| 7.               | Educational Qualifi                    | cations |                       |         |   |                    |                                     |        |               |  |
|                  | Qualification                          |         |                       |         | me of the<br>sity/Institute                         | Year of<br>Passing | % of<br>Marks/<br>CGPA              | Cla    | ass/ Division |  |
|                  | 10 <sup>th</sup> or Equivalent         |         |                       |         |   |                    |                                     |        |               |  |
|                  | 12 <sup>th</sup> or Equivalent         |         |                       |         |   |                    |                                     |        |               |  |
|                  | Graduation                             |         |                       |         |   |                    |                                     |        |               |  |
|                  | Internship                             |         |                       |         |   |                    |                                     |        |               |  |
|                  | Post Graduation                        |         |                       |         |   |                    |                                     |        |               |  |

| 8.             | Work Experience Det   | Total Work Experience (in years):      |                      |                                    |                     |   |  |
|----------------|---|--|----------------------|------------------------------------|---------------------|---|--|
|                | Institute/<br>Organization/Private  | Designation/<br>Post Held              | From                 | То                                 | Nature of Work      | Total Salary/Income<br>(Per month) in Rs. |  |
|                |   |  |                      |                                    |                     |   |  |
|                |   |  |                      |                                    |                     |   |  |
|                |   |  | -                    |                                    |                     |   |  |
|                |   |  |                      |                                    |                     |   |  |
|                |   |  |                      |                                    |                     |   |  |
|                | etails of Enclosures atta   | ched (ALL Copie                        | s to be Se           | If Attest                          | ed)                 |   |  |
| a)<br>b)       |   | *                                      |                      |                                    |                     |   |  |
| c)             |   |  |                      |                                    |                     |   |  |
| d)Ide          | entity Proof(Xerox)   |  |                      |                                    |                     |   |  |
|                |   |  |                      |                                    |                     |   |  |
| of m<br>inforr | eby, solemnly declare th<br>y knowledge and belie<br>mation or have given ar<br>elled/ terminated without | f. If at any time<br>ny false details, | e I am fo<br>my cand | ed in this<br>ound to<br>idature/a | have concealed/ sup | pressed any material/                     |  |
| Place          | e:  |  |                      |                                    |                     |   |  |
| Date           |   |  |                      |                                    | Signatura           | of the Applicant                          |  |