## **APPLICATION FORM**

| ×                  | Please affix a recent   |  |                          |  |
|--------------------|-------------------------|--|--------------------------|--|
| Project Associate* | Executive<br>Assistant* |  | passport size photograph |  |
|                    |                         |  |                          |  |

## **1**. Full name

| Marri  | ed      |        | Sin   | gle   |         |        |        | Ма     | le       |       | Fer    | nale | Prefei | nott | 0 |
|--------|---------|--------|-------|-------|---------|--------|--------|--------|----------|-------|--------|------|--------|------|---|
|        |         |        |       |       |         |        |        |        |          |       |        |      |        | [    |   |
| say    |         |        |       |       |         |        |        |        |          |       |        |      |        |      |   |
| Mothe  | r's/Fat | her's/ | Spous | e nan | 1e (Str | ike ou | t whic | chevei | r is not | appli | cable) |      | 1      | T    |   |
|        |         |        |       |       |         |        |        |        |          |       |        |      |        |      |   |
|        |         |        |       |       |         |        |        |        |          |       |        |      |        |      |   |
| Preser | nt addi | ess:   |       |       |         |        |        |        |          |       |        |      |        |      |   |
|        |         |        |       |       |         |        |        |        |          |       |        |      |        |      |   |
|        |         |        |       |       |         |        |        |        |          |       |        |      |        |      |   |
|        |         |        |       |       |         |        |        |        |          |       |        |      |        |      |   |
|        |         |        |       |       |         |        |        |        |          |       |        |      |        |      |   |
| Perma  | nent a  | ddres  | s:    |       |         |        |        |        |          |       |        |      |        |      |   |
|        |         |        | -     |       |         |        |        |        |          |       |        |      |        |      |   |
|        |         |        |       |       |         |        |        |        |          |       |        |      |        |      |   |
|        |         |        |       |       |         |        |        |        |          |       |        |      |        |      |   |

| E-Mail:                                 |  |
|---|--|
| Residential Telephone (with area Code): |  |
| Mobile Number                           |  |
| Alternate mobile number                 |  |

| 5. | Date of birth |     |       |      |
|----|---------------|-----|-------|------|
|    | (in figures)  | Day | Month | Year |

6. Academic Record starting with Higher Secondary: (Please attach self-attested photo copies of certificates/Mark Sheets)

| S. No. | Certificate/Degree | Board/ Institution | Division | % of marks | Specialization |
|--------|--------------------|--------------------|----------|------------|----------------|
|        |                    |                    |          |            |                |
|        |                    |                    |          |            |                |
|        |                    |                    |          |            |                |
|        |                    |                    |          |            |                |
|        |                    |                    |          |            |                |
|        |                    |                    |          |            |                |
|        |                    |                    |          |            |                |

7. Employment (Particulars of your past position(s))

| Employer | Position held | Exact Date to be<br>given<br>From To |  | Emoluments | Nature of Duties<br>performed |
|----------|---------------|--------------------------------------|--|------------|-------------------------------|
|          |               |                                      |  | drawn      | periormed                     |
|          |               |                                      |  |            |                               |
|          |               |                                      |  |            |                               |
|          |               |                                      |  |            |                               |
|          |               |                                      |  |            |                               |
|          |               |                                      |  |            |                               |
|          |               |                                      |  |            |                               |
|          |               |                                      |  |            |                               |

8. Details of remuneration drawn at last employment: (supporting certificate-LPC to be attached)

| Remuneration type    | Basic | Allowances             | Total |
|----------------------|-------|------------------------|-------|
| (consolidated or pay |       | DA + HRA + TA + others |       |
| scale)               |       |                        |       |
|                      |       |                        |       |
|                      |       |                        |       |
|                      |       |                        |       |
|                      |       |                        |       |

9. Any other information which you may like to mention:

## **10**. Details of enclosures:

| S. No. | Particulars of<br>enclosures |
|--------|------------------------------|
| 1      |                              |
| 2      |                              |
| 3      |                              |
| 4      |                              |
| 5      |                              |

11. Application Fee: In the shape of NEFT/RTGS in the following bank accountdetails

| Application   | Bank and Branch               | Account No               | IFS CODE    |  |  |  |
|---|-------------------------------|--------------------------|-------------|--|--|--|
| Fee   |                               | 03442201000005           |             |  |  |  |
|   |                               | 3                        |             |  |  |  |
| Rs.   | Union Bank of India,          | <b>Beneficiary Name:</b> | UBIN0903442 |  |  |  |
| 500   | Phalka Bazar, Gwalior         | Director                 |             |  |  |  |
|   |                               | IITTM                    |             |  |  |  |
| Transaction Refer   | Transaction Reference Details |                          |             |  |  |  |
| Please fill-up the transaction details in the below mentioned table |                               |                          |             |  |  |  |

## **SELF-DECLARATION**

12. I, hereby, declare that all entries in this form as well as attached sheets aretrue to the best of my knowledge and belief and furnishing of false information or hiding of information will make my candidature liable for rejection.

(Signatures of the Candidate)

Place:

Date: