

10) Marital Status

CHHATTISGARH SWAMI VIVEKANAND TECHNICAL UNIVERSITY, BHILAI

Newai, P.O.-Newai, District-Durg, Chhattisgarh, PIN-491107, Ph 0788-2200062

APPLICATION FORM

Application for the Po	ost of					
Department: Energy & Microelect Urban Plan	ronics		ring / Environmenta edical Engg & Bioinf			
Note: Prospective candidates respects. Attach additional sh						
1) Fee Remittance (Application will be accepted o	nly after th	e receiving of fee.)				
Bank Name:	DD	Number:	Date:	Amour	nt:	
2) Name of Applicant: (in full capital)	:					
3)Mother's Name	:					Affix recent
4) Father's /Spouse Name	1					tograph duly d by applicant)
5) Age (As on January 31, 2021)		Year	Month Da	ays		
6) Date of Birth	: _	Dave	Month	Year		1
		Day	Month	Year		
7) Nationality	:					
8) Religion	: =					
9) Gender	:	Male/ Female	e / Transgender			

Signature of Applicant

Married / Unmarried

11) Address

	for Communication	Permanent Address			
State:	Pin:		State:		Pin:
hone (R):		Е	-mail:		
Phone (0):		M	lobile:		
2) Category		DBC	EV		(Put√marks)
3) Whether Physica	ally Challenged (Put√	Yes	s	No marks)	
4)a. Educational Qu	ualification (10th Std o	nwards) ((Attach s	elf-attested copies)
Sr. Evamination/Dec		nwards) (Month and Year of Passing	Percentage/Division (Convert Grade Point to Percentage and attach the authorized documents)	Marks Obtained/Total Marks
Sr. Evamination/Dec			Month and Year of	Percentage/Division (Convert Grade Point to Percentage and attach the authorized	Marks Obtained/Total
Sr. Evamination/Dec			Month and Year of	Percentage/Division (Convert Grade Point to Percentage and attach the authorized	Marks Obtained/Total
Sr. Evamination/Dec			Month and Year of	Percentage/Division (Convert Grade Point to Percentage and attach the authorized	Marks Obtained/Total
C.			Month and Year of	Percentage/Division (Convert Grade Point to Percentage and attach the authorized	Marks Obtained/Total

Signature of Applicant

15. Experience(Attach self-attested copies)

16. Total Experience (Attach Experience Certificate):

entertained):

		Duration				Permanent	Length of	
Sr. No.	Organization	Designation	From	То	Pay Scale & Grade Pay/ Pay Level	Total Emolume nts	Temporary / Contract	Service in Years & Months
13/								

Te	aching U.G	Yea	irs Industry	yYears
	P.G	Years	Research	Years
17. (a).	List of Publica	ations in Jou	rnals (Internation	nal (Mention SCI/Scopus/UGC/Peer
reviewe	ed)/National J	ournals) (At	tach Reprint, withou	out reprint paper mention in the form will not be

(b). List of Conference papers (International/ National) Attach Reprint:

Signature of Applicant

19. List of enclosures:
01)
02)
03)
04)
05)
06)
07)
08)
09)
10)
DECLARATION
The information given above is true to the best of my knowledge and belief. I agree to abide by the rules & regulations of the University. I also understand that if any information given by me in the form is found incorrect in future, my candidature/appointment will be cancelled with immediate effect. Date:
Date.
Place:
(Signature of Applicant)