# **CHHATTISGARH SWAMI VIVEKANAND TECHNICAL UNIVERSITY, BHILAI**

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

**APPLICATION FORM**

**Application for the Post of…………………………………………………………………………**

**Department………………………………………………………………………………………………**

**Note: Prospective candidates are advised to study the Instructions carefully and then fill up the application in all respects. Attach additional sheets, if required. However, information given must be precise and to the point.**

1. **Fee Remittance**

**(Application will be accepted only after the receiving of fee.)**

**Bank / Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DD No.: \_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

2) Name of Applicant : : …………………………………………………………………

(Affix recent passport size color photograph duly signed by applicant)

 **(in full capital)**

3) Mother’s Name : …………………………………………………………………

4) Father’s / Spouse Name : …………………………………………………………………

5) Age : Year……………..Month…………….. Days……………

 **(As on date of interview)**

6) Date of Birth :

|  |  |  |
| --- | --- | --- |
| **Day** | **Month** | **Year** |
|  |  |  |

7) Nationality : …………………………………………………………………

8) Religion : …………………………………………………………………

 9) Gender : Male/ Female / Transgender

10) Marital Status : Married / Unmarried

**Signature of Applicant**

11) Address

|  |  |
| --- | --- |
| Address for Communication | Permanent Address |
|   |   |
| State: Pin: | State: Pin: |

Phone (R):………………………………... E-mail:………………………………...

Phone (O):………………………………... Mobile:………………………………...

12) Category

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| SC |   |  | OBC |   |  EWS |  |
|  |  |  |  |  |  |  |
| ST |   |  | UR |   |  |  |

(Put √ marks)

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |   | No |   |

 13) Whether Physically Challenged (Put √ marks)

14) a. Educational Qualification (10th Std onwards) **(Attach self-attested copies)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sr. No | Examination/Degree | Board/University | Subjects | Month and Year of Passing | Percentage/Division (Convert Grade Point to Percentage and attach the authorized documents) | Marks Obtained/Total Marks |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
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|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |

b. Have you cleared GATE/NET? **(Pl enclose proof)**:

 **Signature of Applicant**

15. Experience **(Attach self-attested copies)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Sr. No.  | Organization | Designation | Duration | Pay Scale & Grade Pay/ Pay Level  | Total Emoluments | Permanent/Temporary/Contract | Length ofService in  Years &  Months  |
| From | To |
|   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |
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|   |   |   |   |   |   |   |   |   |

##### 16. Total Experience **(Attach Experience Certificate)**:

 Teaching U.G………………… Years Industry………………… Years

 P.G…………………. Years Research………………… Years

17. (a). List of Publications (International (Mention SCI/Scopus/UGC/Peer reviewed)/National Journals) (**Attach Reprint, without reprint paper mention in the form will not be entertained)**:

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

18) Other Information:

**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:

Place:

**(Signature of Applicant)**