

मोतीलाल नेहरु राष्ट्रीय प्रौद्योगिकी संस्थान इलाहाबाद प्रयागराज–२११००४ [भारत] Motilal Nehru National Institute of Technology Allahabad Allahabad-211004 [India]

APPLICATION FORM FOR APPOINTMENT ON CONTRACT BASIS

1.		Advertisement No.		:	08/2024, dated September 25, 2024				
2.	[a]	Post	applied for	:		Self Attested			
	[b]	Department/Section		:					
3.		Name and complete personal Address [In Block letters]		:					
4.		Father's Name		:					
5.	[a]	Date of Birth		:					
	[b]	Age as on last date of application		:	YearsMonths	Days			
6.		Details of Registration with appropriate body (Only for the post of Part-Time General Doctor/ Part- Time Skin Specialist Doctor/ (SI. No 1 & 2) of the advertisement.							
		[i]	Name of Registering body	:					
		[ii]	Registration Number	:					
		[iii]	Valid upto	:					
7.		Educational Qualifications		:					

Examination Passed	Subject/Discipline	Board/Institute	Year	% of marks obtained
10 th or equivalent				

12 th or equivalent		
Graduation		
Diploma/Degree		
Post Graduation		

8. Details of Employment in chronological order. Enclose a separate sheet duly authenticated under your signature if necessary

Organization	Post Held	From	То	Total Experience [in Years & Months]	Scale of Pay and basic Pay	Nature of Duties	Nature of appointment/ Regular/ Contract/Part time/Adhoc)
	Total Experien	ce [in Years	& Months]				

- 9. Nature of present employment i.e. adhoc or temporary or : quasi permanent or permanent.
- 10. In case the present employment is held on : deputation/contract basis, please state.

[a]The date of initial appointment.

[b]Period of appointment on deputation / contract.

[c]Name of the parent organization to which you belong

- Pay scale [Pay Band & Grade Pay] : &
 Basic Pay
- 12. Total emoluments per month drawn at present
- Additional information if any, which you would like to : mention in support of your suitability for the post, [attach separate sheet if necessary]

Signature of the candidate

:

:

Name	
Address	
Contact No	
E-mail id	

Declaration

I hereby declare that the information furnished above is true to the best of my knowledge and belief. If at any time it is found that I have concealed any information or have given any incorrect data, my candidature/appointment, may be cancelled/terminated, without any notice or compensation.

There are	pag	ges	attached	along	with	this
form.						

Date:	
Place:	

Signature of the Candidate