RUSTAMJI INSTITUTE OF TECHNOLOGY

BSF Academy Tekanpur Gwalior -475~005~(M.P.) Tel.: - (07524)~274319, Fax (07524)~274320 e mail: rjit_bsft@yahoo.com

APP	LICATION FORM FOR (To be f													AL BA	SIS
	Post & Department for											C,			2024
 2. 	Full Name (In English Block l Father's/Husband		s) -									Recent Passnort			
3.	Date of Birth	D	D	M	M		Y	Y	Y	Y					
4.	Aadhar No.														
5.	PAN No.														
6.	Marital Status (Ma	/S/W/	D)		:								-		
7.	Address for Corre	spond	lence	!	:							-			
															-
8.	Contact No. (Mobi	ile No	.)		:										-
9.	E-Mail				:										-
10.	Academic Qualific	ation			:										

(Please mention details from Matric/Higher secondary level onwards, attested copies of certificates, mark sheets should be enclosed in chronological order)

S.	Degree/	Discipline	University/Board	Passing	Division	Encl.
No.	Certificate	Subject	whether approved	Year	with %	No.
			by AICTE			
Ι	II	III	IV	V	VI	VII

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Торіс	Discipline	Name of University/ Institute	Year of Award	Encl. No.

12 (A) Teaching Experience: (Assistant Professor Level)

S.	Name of the	Post held	Pay Scale	Pay	From	To	Encl.
No.	Institute			drawn			No.
Ι	II	III	IV	V	VI	VII	VIII

(B) Industrial Experience

S.	Name of the	Post held	Pay Scale	Pay	From	To	Encl.
No.	Industry/Org.			drawn			No.
Ι	II	III	IV	\mathbf{V}	VI	VII	VIII

- 13. Additional Information of Academic/Professional Activities
- i. Number of Papers published in International (I)
 And National (N) Journals (Attach list separately,
 With Title, Name of Journal, Vol. & Year etc)
- (I) _____ + (N) ___ =
- ii. Number of Papers Published in International (I) and National (N) Conferences (Attach list separately, with Title, Name of Conference, Vol. & Year etc. (I) _____ + (N) ____ =
- 14. Name, Address & Contact No. of the two references

(i)	
(ii)	

DECLARATION

I declare that the entries made in this application form, from (1) to (14) are true and correct to the best of my knowledge and belief.

Date:	
Place:	(Signature of the Candidate)

RUSTAMJI INSTITUTE OF TECHNOLOGY

BSF Academy, Tekanpur, Gwalior – 475 005 (M.P.) Tel.: - (07524) 274319, Fax (07524) 274320 e mail: rjit_bsft@yahoo.com

APPLICATION FORM FOR THE POST OF LAB INSTRUCTOR ON CONTRACTUAL BASIS

(To be filled up by the Candidate in his/her own handwriting)

Post & Department for which ap		Adv. No. 04/2024							
							Recent	Passpo	ort
(In English Block letters) -							Size Ph	otogra	ph
Father's/Husband Name: -									
Date of Birth D D	M	M	YY	Y	Y	L			
Aadhar No.									
PAN No.									
Marital Status (M/S/W/D)		:							-
Address for Correspondence		:							-
									-
Contact No. (Mobile No.)		:							-
E-Mail		:							-
Academic Qualification		:							
	Full Name : - (In English Block letters) - Father's/Husband Name: - Date of Birth D D Aadhar No. PAN No. Marital Status (M/S/W/D) Address for Correspondence Contact No. (Mobile No.) E-Mail	Full Name :	Full Name :	Full Name :	Full Name :	Full Name (In English Block letters) Father's/Husband Name: Date of Birth D D M M Y Y Y Y Addhar No. PAN No. Marital Status (M/S/W/D) Address for Correspondence Contact No. (Mobile No.) E-Mail E-Mail	Full Name :	Full Name (In English Block letters) Father's/Husband Name: Date of Birth D D M M Y Y Y Y Aadhar No. PAN No. Marital Status (M/S/W/D) Address for Correspondence Contact No. (Mobile No.) E-Mail Recent Size Property S	Full Name (In English Block letters) Father's/Husband Name: Date of Birth D D M M Y Y Y Y Aadhar No. PAN No. Marital Status (M/S/W/D) Address for Correspondence Contact No. (Mobile No.) E-Mail Recent Passponding Recent Passponding Size Photogra Recent Passponding Size Photogra Size Photogra

(Please mention details from Matric/Higher secondary level onwards, attested copies of certificates, mark sheets should be enclosed in chronological order)

S.	Degree/	Discipline	University/Board	Passing	Division	Encl.
No.	Certificate	Subject	whether approved	Year	with %	No.
			by AICTE			
Ι	II	III	IV	V	VI	VII

11. (A) Experience: (Lab Instructor Level)

S.	Name of the	Post held	Pay Scale	Pay	From	To	Encl.
No.	Institute			drawn			No.
I	II	III	IV	V	VI	VII	VIII

(B) Industrial Experience	(B)	Indu	strial	Ex	perience	e
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12.

S. No.	Name of the Industry/Org.	Post held	Pay Scale	Pay drawn	From	To	Encl. No.
I	II	III	IV	V	VI	VII	VIII

(i)	
(i	i)	

Name, Address & Contact No. of the two references

DECLARATION

I declare that the entries made in this application form, from (1) to (12) are true and correct to the best of my knowledge and belief.

Date:	
Place:	(Signature of the Candidate)