**Annexure-I**

**DR B R AMBEDKAR NATIONAL INSTITUTE OF TECHNOLOGY, JALANDHAR**

**APPLICATION FORM/RESUME (TO BE FILLED BY CANDIDATE)**

**1. Personal Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| **[a]** | **Name of the Candidate:**  | **[b]** | **Father’s Name:** |
| **[c]** | **Date of Birth:** | **[d]** | **Category:** |

**2. Complete Correspondence Address:**

|  |  |  |
| --- | --- | --- |
|  | **Email ID** |  |
|  | **Mobile**  |  |
|  | **STD Code** |  |
|  | **PIN** |  |  |  |  |  |  | **Phone No** |  |

**3. Application For**

|  |  |
| --- | --- |
| **[a]** | **Name of the Department:** |
| **[b]** | **Post Applied:** |  |

**4. Educational Qualification [**Starting from High School (10)]**:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Examination Passed** | **Year of Passing** | **Board/University/ Institute** | **Subject/Discipline** | **Percentage/ CGPA** | **Class/Division** |
|  | X (10th) |  |  |  |  |  |
|  | XII (10+2) |  |  |  |  |  |
|  | UG |  |  |  |  |  |
|  | PG |  |  |  |  |  |
|  | Ph D |  |  |  |  |  |
|  | Post Doctoral |  |  |  |  |  |

**Declaration:-** I hereby certified that the information given above are true to the best of my knowledge.

**(Signature of the Applicant)**

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It is verified that the above candidate fulfills the criteria as per advertisement.

Signature of Department Clerk

Signature of HOD

**Note: Candidates are required to attach photocopy of all relevant documents with this resume**