



**INDIAN INSTITUTE OF INFORMATION TECHNOLOGY**  
**BHOPAL- 462 003 (M.P.) INDIA**

Note: Prospective candidates are advised to study the **Instructions** carefully and then fill up the application precisely and to the point in all respects. No column should be left blank. **Incomplete application will be rejected.** Candidates may attach additional sheets, if required.

<b>APPLICATION FORM</b>	Advertisement No:	
	Date:	
Post Applied For		Affix recent passport size photograph duly signed by the candidate
AGP (Pre-revised Pay Scale)		
Department		
Specialization		
<b>FEE REMITTANCE DETAILS</b>		
Fee paid details Transaction no. & Date		
Amount		

<b>1</b>	<b>Personal Information</b>													
	Name of Applicant ( In capitals letters)													
	Father's Name													
	Mother's Name													
	Date of Birth & Age (As on last date of receipt of Application-proof of DoB to be enclosed )			DD		MM		YY		Age		Years	Months	Days
	Nationality					Religion								
Category (SC/ST/OBC/UR/PwD/EWS)														
Gender					Marital Status									
Photo ID proof			Aadhaar/PAN/Passport/Voter ID/ Any other Govt. issued ID				ID Number							

2. Whether Physically Challenged Yes\*  No  (Put ✓ mark)

\*If yes A  B  C  D  E  (Put ✓ mark)

A - Blindness & Low Vision; B - Deaf & Hard of hearing,

C - Locomotor disability including cerebral palsy, leprosy cured, dwarfism, acid attack victims & muscular dystrophy

D - Autism, intellectual disability, specific learning disability and mental illness;

E - Multiple disabilities from amongst persons under clauses (A) to (D) including deaf-blindness

(\*Attach a certificate from the competent authority as prescribed under government rules)

3. Complete Postal address with Pin code:

For Correspondence						Permanent					
Pincode						Pincode					
Other Contact Information											
Phone No. with STD Code						Mobile No.			Alternate Mobile No.		
E-mail											
Alternate E-mail											

4(A)	Educational Qualifications (10 <sup>th</sup> Standard onwards)						
	Name of Examination	Institution	Board	% of Marks	Grade/ Division	Year of passing	Encl. No.
4A(i)	10 <sup>th</sup>						
4A(ii)	12 <sup>th</sup> /SSC						

4(B)	Educational Qualifications (Under Graduation onwards)							
	Name of Degree	Discipline	University/ Institution	NIRF/QS Ranking (2020/2021)	Grade Point/ % of Marks	Grade/Div	Year of passing	Encl. No.
4B(i)	Bachelor's degree							
4B(ii)	Master's degree							
	Any Other							
	Name of Degree	Discipline	University/ Institution	NIRF/ QS Ranking (2020/2021)	Year of award	Encl. No.		
4B(iii)	Ph.D.							
	Title of Thesis							

	Name of Degree	Discipline	University/ Institution	NIRF/ QS Ranking (2020/2021)	Duration		Encl. No.
					From	To	
4B(iv)	Post Doctoral Fellowship						
	Area of Research						
4B(v)	Others( If Any)						

	Name of Exam (NET/SLET/GATE)	Subject / Discipline	Registration Number/ Roll Number	Year of passing	Encl. No.
<b>4B(vi)</b>					

<b>5(A)</b>	<b>Detail of Teaching Experience</b> (In reverse Chronological order) (Attach extra sheet, if needed)										
	Organization	NIRF/QS Ranking (2020/2021)	Post	Period		Duration		PB & G- Pay/Pay level	Nature of Responsib ilities	Temporary/ Regular/ Permanent	Encl. No.
				From	To	Y	M				
1											
2											
3											
4											
				Total							

<b>5(B)</b>	<b>Scientific Research/ Industrial Experience</b>									
	Organization	Post	Duration		Experience		Permanent/Temporary /Contract	Encl. No.		
			From	To	Y	M				
1										
2										
				Total						

Total Experience (5A + 5B) in years and months	
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<b>6</b>	<b>Additional relevant information in support of your candidature</b>			
		Name of Award (UG Onwards)	Name of Awarding agency (State/National/ International Government Organization)	Encl. No.
1	Academic/ Research Excellence Award (excluding scholarship and conference paper award)			
2	Fellowship			
3	Sports and extra-curricular activities (including NCC, NSS) at State/ National/ International level			

<b>7</b>	<b>Character &amp; Antecedents Report.</b>		
	Particulars	Comments	Encl. No.
1	Have you ever been subject to any disciplinary action, as a student and/or as an employee, If so give full details.		
2	Have you ever been dismissed/suspended from service/employment, if so please give full details		
3	Were you involved in any criminal case, If yes, give full details		

4	Is any criminal case pending against you in the court, If yes, give full details		
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8	<b>Name and Address of two References:</b> (Referees should be familiar with your academic/ Professional Work and should not be relatives)	
	Name	Name
	Designation:	Designation:
	Organization:	Organization:
	Address:	Address:
	Phone:	Phone:
	Mobile:	Mobile:
	E-mail:	E-mail:

**9. Index of Application (Important: all the enclosures should be self-attested and serially numbered):**

S.No.	Description	Encl. No.	Page No. From-To
1	Application Form		
2	Category/PWD Certificate, if applicable		
3	10 <sup>th</sup> Class Certificate showing date of birth.		
4	12 <sup>th</sup> Class/Higher Secondary marks statement		
5	UG Degree Marks statement and Degree/provisional certificate		
6	PG Degree Marks statement and Degree/provisional certificate		
7	Ph.D. Degree		
8	PDF (if any)		
9	NET/SLET/GATE/Any other Qualification		
10	Documents in support of claimed experience		
11	NOC/forwarding letter from employer, if applicable		
12	No. of publications: SCI:                      Scopus:                      Any other: Conference: National:                      International:                      Books:		
13	Award/Fellowship/Sports/Extracurricular Achievements		
14	Any other relevant information you wish to furnish:		

## DECLARATION

I hereby declare that I have carefully read and understood the instructions and particulars supplied to me, and that all entries in this form, as well as, in attached sheets are true to the best of my knowledge and belief. If selected, I undertake to abide by the rules and regulations of the Institute.

Date:

Place:

Signature

### 10 **Details of Present employment and Employer's endorsement**

(Candidate may produce NOC in lieu of this endorsement at the time of Interview)

Name of Organization

Designation of Applicant

Date of Appointment  
of Applicant

Encl.  
No.

Whether  
Temporary/Contractual/Regular  
/ Permanent

Name and Signature of Forwarding authority with seal  
and date

Pay Level

Name:  
Designation:

Basic Pay

Seal