**ANNEXURE-I**

***For Office Use***

**MIZORAM UNIVERSITY: AIZAWL**

*Paste 1(one) passport size colour photograph (Do not staple)*

 *(Application form – Prescribed format)*

**GENERAL INFORMATION AND ACADEMIC BACKGROUND**

|  |  |  |
| --- | --- | --- |
| 1. **Name of post applied**
 | : | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 1. **Post code**
 | : | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 1. **Name of Department applied for**
 | : | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 1. **Category of post applied for**
 | : | ***UR / SC / ST / OBC / EWS / OH*** |
| 1. Advertisement No. & Date
 | : | *No.1-47/Estt.I/15/560 dated 09.09.2021* |
| 1. *Transaction/Payment No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount: Rs. \_\_\_\_\_\_\_\_\_\_\_\_*
 |
| 1. Name of the applicant

(in block letters) | : | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 1. Sex
 | : | *Male/Female/Transgender* |
| 1. Father’s Name
 | : | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 1. Date and Place of Birth
 | : | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 1. Religion
 | : | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 1. Category
 | : | Gen/SC/ST/OBC/EWS |
| 1. Whether Physically Handicapped?

*(If ‘yes’, state whether VH/HH/OH)* | : | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 1. State of Domicile
 | : | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

1. Contact Details:

|  |  |
| --- | --- |
| (a) Correspondence Address | (b) Permanent Address |
| (c) E-mail | (d) Mobile/Telephone |

1. Academic records beginning with High School Examination:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sl.No. | ExaminationPassed | % of Markswith Division | Subject(s) | Year | Board /University | DistinctionAchieved if any |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

1. Qualification in NET/SLET/SET or equivalent Test / Exam:

|  |  |  |  |
| --- | --- | --- | --- |
| Sl. No. | Name of Test / Exam | Conducted by | Year of Qualification |
|  |  |  |  |
|  |  |  |  |

1. Other technical qualifications, if any:
2. Work Experience starting from Current Position:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Post held | Name of Institution/ Organization | Basic Pay drawn with pay scale | Duration(dd/mm/yy) | Nature of work |
| From | To |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Break-up of Work Experience (to be filled up on the basis of S.N. 19 above)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S.N. | Nature of Experience | Years | Months | Days |
| 19(a) | PG level Teaching Experience |  |  |  |
| 19(b) | UG level Teaching Experience |  |  |  |
| 19(c) | Post-Doctoral Research Experience |  |  |  |
| 19(d) | Post-Doctoral Professional Experience |  |  |  |
| 19(e) | Other Work Experience |  |  |  |
|  | Total Experience |  |  |  |

1. Specialization :
2. Names and addresses of two referees *(one may be the present employer):*

(a)

(b)

1. List of Enclosures :

***Note****: All particulars should be supported by relevant documents.*

1. Declaration by the Candidate:

*I have read the detailed Employment Notice and I shall abide by all the terms and conditions of the advertisement.*

*I certify that the foregoing information is correct and complete to the best of my knowledge and belief. I am not aware of any circumstances which may impair my fitness for employment in the Mizoram University.*

Date :

Place : Signature of the Candidate