

Indian Institute of Information Technology Vadodara

ADVT. NO.				DA	TE:			
Details of App	lication	Fee:	· · · · · · · · · · · · · · · · · · ·					
DD No. Dat	e	Amount	Name of	Issuing Bank				
						Affix Recent Passport size		
				Institute of Info ijarat (SBI brand		•	graph	
Post Applied:								
1. Persona	l Details	:						
Full Name	:							
Email ID	:							
Mobile No								
Date of Birth				Gender:				
Father's/Husba Name	nd's :			Mother's Name :				
Marital Status	1			Nationality:				
Category (UR/S	C / ST / O	BC):		Religion:				
PWD	: VH	: HH:	OH:					
Address for Correspondenc	e :				Pin Co	ode:		
Permanent Ado	ress:					Pin Code		
		alification	Details (Matr	iculation onwa ch extra sheets if		h self att	ested	
buorocobies of v	f Nam	e of	Board/	Year of	Marking	% of	Class/	
Sr. Name o	IVAII	1/	University	Passing	Mode	Marks/	Grade/	
	Sch Colle Insti	ege/	Offiversity			CGPA	Division	

(b)		1		
(c)	· · · · · · · · · · · · · · · · · · ·			
(d)				
(e)		40		
(f)				

3.	Whether	employed	or not:	Yes/ No	
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(Furnish details of previous/ present employment in chronological order in following table and attach self attested Photocopies of Relevant Certificate): Attach extra sheets if required.

		Adhoc/	Peri	od		Scale of Pav/		
Sr. No.	Organisation / Institute	Regular/ Temp./ Contract	From	То	Total Period	Scale of Pay/ Consolidated Pay	Nature of Duties	

4.	Working knowledge of Computer: Yes / No								
5.	Special Qualification/ Experience in Computer Knowledge								
6.	Name, Designation, Address and Contact No. of two responsible and rep								

outed persons:



7.	Any relevant information
8.	Details of enclosures in support of information mentioned above.
	(a)
	(b)
	(c)
	(d)
	(e)
	(f).
	(g)
	(h)
case inelig	Declaration: I do hereby declare that all statements made in this application are complete and correct to the best of my knowledge and belief. I understand that in of any particular information furnished by me is found to be false/ incomplete or gible, my candidature is liable to be rejected or cancelled and even after appointment is found to be false or incorrect, my services are liable to be terminated without any services.
Place	e:
Date	: Signature of Applicant
law	Cand Air Hi. Dist.