

BALAJI INSTITUTE OF TECHNOLOGY & SCIENCE

(Autonomous)

Narsampet, Warangal, Telangana, India – 506 331

Recent passport size color photograph be affixed

APPLICATION FORM

Арр	lication for the p	ost of		Advt. No.:	
1.	Name of the Applicant:				
2.	Father's/Husband's Name:				
3.	Nationality:				
4.	Date of Birth:				
5.	Category (SC/ST/OBC/GEN):				
6.	Gender (Male/Female):				
7.	Marital Status(Single /Married):				
8.	PAN Number (attach copy of PAN Card):				
9.	Aadhar No. (attach copy of Aadhar Card):				
10.	Present Address:				
	Pin Code:				
	E-mail ID:		Phone	e/Mobile No.:	
11.	11. Particulars of Examination passed:				
	Exam Passed	Year of passing	Board/ University	Subjects	Percentage of marks

12. Qualifying Examination(GATE/CSIR/UGC-NET/OTHERS):

Qualifying Examination (& name of subject)	Branch & Year	Valid Upto	Score and percentile	Rank (if applicable)

Professional Experiences (Teaching/Research/Industrial) if any

Name of the Organization	Designation	Nature of Work	From	То

13.	Details of Professional training obtained, if any, during the period of service:			
	Total length of experience in years :			
	If selected, what notice period required for joining:			

14. Research Publication (if any): [Also attached softcopy of conference/journals papers separately (if applicable)]

15.	Awards, patents, prizes etc (if any):				
16.	Any other information:				
DECLARATION I hereby declare that I have carefully read the instructions and particulars supplied to me and that the entries made in this application form are correct to the best of my knowledge and belief. If selected for the post, I promise to abide by the rules and discipline of the Institute. I note that the decision of the					
Institute is final in regard to selection for post of JRF and assignment to a particular Department and field of study. The Institute shall have the right to expel me from the Institute at any time after my appointment, provided it is satisfied that I was admitted on false particulars furnished by me or my antecedents prove that my continuance in the Institute is not desirable. I agree that I shall abide by the decision of the Institute, which shall be final.					
		(Signature of the Applicant)			
Date	:	Name:			
Place	9:	Address:			