


APPENDIX 'A'

	Defence Institute of Advanced Technology (A Deemed to be University u/s 3 of UGC Act 1956) Girinagar, Pune- 025
	<u>An Autonomous Organisation fully funded by Department of Defence Research & Development, Ministry of Defence, GOI)</u>

FOR OFFICE USE ONLY	
APPL. NO.	DATE:

PASTE HERE A SIGNED
COPY OF YOUR
RECENT PASS-PORT
SIZE PHOTOGRAPH

Name of the post applied for: Registrar

Advt. No.dated:

Application Fee Transaction id. Date for Rs

Bank & Branch from which remitted..... (Attach Transaction slip on top)

GENERAL INFORMATION:

1. (i) Name in Full :

(ii) if married, maiden name :

2. Father's/Husband's Name:.....

3. Date of Birth : Date.....Month.....Year.....

(As recorded in Matriculation or equivalent certificate)

4. Age (as on the last date for receiving of application):years.....monthsdays

5. Nationality :

6. Marital Status : Married / Unmarried

7. Sex : Male / Female

8. (a) Category : ST/SC/OBC. If any other, specify.....

(b) Sub category : PWD(OH/VH/HI)/Ex-Serviceman/Sports. If any other specify?

12. TEACHING/TECHNICAL/PROFESSIONAL/ADMINISTRATIVE EXPERIENCE (Starting from the latest):

Designation	Name of the Organization/ in case of non-Govt. pl specify.	Basic pay (Pay in pay band+ grade pay)/Pay Band/if any other scale, pl specify clearly.	Nature of Appointment Regular/Permanent/Temp./on contract/ Adhoc	Period of Service		
				From	To	Period

Note: (*) Attach separate sheets if the space is insufficient.
 (#) Attach Service Certificates indicating the period of employment and breakup of emoluments drawn.

13. ADDITIONAL INFORMATION, IF ANY:

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14. I hereby declare that all entries made by me in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false, incomplete or incorrect, my candidature/appointment is liable to be cancelled/terminated. I have enclosed attested copies of the supporting documents in respect of Sr. No. 3, 8, 11 and 12 above.

Place.....

Date.....

Signature of the Applicant

(Encl: As above)

ENDORSEMENT OF THE EMPLOYER

Ref. No.....

Date.....

1. The application of _____ is hereby forwarded with the remarks that we have no objection to his/her application being considered.
2. Certified that the information given by the applicant in this application form has been checked/verified and found to be correct with reference to his/her service records.
3. **Applicable in case of deputation:** Attested copies of the applicant's confidential reports for the preceding five years along-with Vigilance Clearance/Integrity Certificates are enclosed.

Signature of the forwarding Officer
(with office seal)

(The endorsement on this page is to be signed and forwarded by the Head of the Department/Employer in the case of candidates, in service whether in permanent or temporary capacity failing which the application is liable to be rejected).

CHECK LIST

- | | | | | | |
|----|---|-------|--------------------------|----|--------------------------|
| 1. | Have you signed on your Application?
(Tick ✓ Yes or No) | : YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 2. | Have you attached the Self - Attested Copies of all the Certificates/Testimonials?
(Tick ✓ Yes or No) | : YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 3. | Have you enclosed Self Attested copy of proof of Age?
(Tick ✓ Yes or No) | : YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 4. | Have you enclosed requisite Demand Draft, if applicable
(Tick ✓ Yes or No) | : YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 5. | Have you enclosed Self-Attested Copy of SC/ST/
OBC/EX-Serviceman/PWD Certificate, as applicable?
(Tick ✓ Yes or No) | : YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 6. | Have you pasted your photograph on your application?
(Tick ✓ Yes or No) | : YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 7. | If you are employed, have you forwarded your application
through proper channel?
(Tick ✓ Yes or No) | : YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |

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