

माधव प्रौद्योगिकी एवं विज्ञान संस्थान, ग्वालियर MADHAV INSTITUTE OF TECHNOLOGY & SCIENCE, GWALIOR Deemed to be University

(Declared under Distinct Category by Ministry of Education, Government of India)

NAAC ACCREDITED WITH A++ Grade

Gola Ka Mandir, Gwalior (M.P.)- 474005, INDIA

Ph.:+91-751-2409300, E-mail: recruitments@mitsgwalior.in, Website: www.mitsgwalior.in



APPLICATION FOR THE RESEARCH ASSISTANTSHIP

In the Discipline/Field of	
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Passport size Photograph

Notification No.: RA/2024/01 (To be filled by the candidate in block letters with their own handwriting)

I. Applicant's	Name in Ful	l :	• • • • • • • • • • • • • • • • • • • •		(ın Blo	ock Letters)
2. Father's Na	me:					
3. Mother's Na	ame:					
4. Date & Plac	e of Birth:		(DD/MN	M/YYYY),		
5. Gender:						
6. Category: G	EN/SC/ST/C)BC				
7. (A) Postal	Address :.					
City :		Sta	te:	Piı	n code :	
Landline No. w	ith STD Code	e:+91		Mobile No		
(B) Permanent	Address :					
City :			Pin	code :		
Landline No. w	ith STD Code	e:+91		Mobile No		
8. Email :						
9. Nationality	:	Name of t	the state to which	you belong (Domicile) :	
10. Marital Stat	us :					
11. Are you phy	sically handi	capped? If yes,	Give Details			
12. (a) <i>Educati</i>	ional Qualific	cations:				
Degree/Diploma	Year	School/ Institute	Board/ University	Main Subjects	Division/ Grade	Enclosure No.
10+2/ Higher			•			
Secondary						
B.E./B.Tech/B.Sc./						
Diploma						
BranchOther						
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M.E./M.Tech/M.Sc.				
/MCA/MBA/				
M.Arch.				
Branch				
Other				
b) Other Examinations Passed	-	_		

S.No.	Exam	Year	Subject	Percentile/ Grade/Marks	Enclosure No.
1	GATE				
2	NET/				
	SLET/				
	SET				
3	Other				

c) Ph.D. Pursuance Details (if Applicable)

Year of Admission	Date of Registration	Status of Course Work	Date of Course work Completion	Title	Supervisor /Co- supervisor (if any)	Affiliating University	Present Status
			•				
Enclosure N	o.:			•			•

(Please attach abstract/Summery of work done till now)

13. Teaching/other experience: (Total	Years	Months)
(Provide the details in chronological order)		

Name of Post Held & Pay Scale	Name of Employer	Date of Joining	Date of Leaving	Total Experience	Enclosure No.

14. a) Research Experience	(Total	Years	Months)
(Enclose separate sheet of A4 size p	aper, if required)		

15. Professional Achievements:- (Enclose separate sheet of A4 size paper, if required)

16. Provide the following details:- (Enclose separate sheet of A4 size paper, if required)

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) Resear	ch Proiects (Completed/Developed:-			
	ight/Patent:-	1 1			
) Consu	lting Assignr	ments Undertaken:-			
		hool/Training Program		Organized:-	
) Papers	/Books/Book	Chapter written/review	ved:-		
	Honors/Schol	-	J)		
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Member	ship of Profe	essional bodies/Institution	ons :-		
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