

all details to be filled in block letters

माधव प्रौद्योगिकी एवं विज्ञान संस्थान, ग्वालियर MADHAV INSTITUTE OF TECHNOLOGY & SCIENCE, GWALIOR Deemed 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: vicechancellor@mitsgwalior.in, Website: www.mitsgwalior.in



Application for (Contract Basis)

Advertisement No.: Advt./HR./2025/02

Personal Details

Affix Self-attested Photograph

Post Applied for	:	Department	:	
Name	:	Date of Birth	:	
Gender	:	Category	:	
Father's Name	:	Marital Status	:	
Phone	:	Mobile No.	:	
Address	:			
				
Pin code	:	Email :		
	<u>Paym</u>	ent Details		
Demand Draft N	0.:	Bank Nar	ne:	
Amount:		Date:	City:	

Academic Record

Examination Passed	Subject/Branch	School/Institute	Board/University	Year	% /Division/	Annexure
					CGPA	No.
High School (10 th						
Std.)						
Higher Secondary						
(10+2 Pattern)						
Under Graduate						
(B.E./B.Tech/ B.Arch/						

B.Sc./ B.A./)			
Post Graduate (M.E./M.Tech/M.Arch/ M.Sc./MCA/M.Phil			
GATE/NET/CAT/			
Ph.D.			
Other Qualification			

Detail of Experience

Name of Organization	Designation	From	То	Duration of Employment	Nature of Appointment (Regular/ Contract/ Adhoc/ Visiting)	Part Time/ Full Time	Salary Drawn	Annexure No.

Total	Fvnor	ionco.	 V	aarc
IOtai	LVDCI	ience.		cais

COA Registration Number (If Applicable):....

Research publications details:

Publication	International/National Journal (SCI, SCI-E, Scopus, Web of Science)	International/National Journal (Others referred Journals)	Books/Books Chapters	Patent/Copyright
Numbers				
Annexure No.				

Details of participation in Professional Development Activities:

Sr. No.	Activity	Number	Annexure No.
1	Number of MOOC Courses Completed through		
	SWAYAM/NPTEL/Other reputed Platform		
2	Number of International Conferences Attended		
	as Author		
3	Number of FDP/STTP attended in the domain of		
	study		
4	Number of FDP/STTP attended in the		
	interdisciplinary domain		

Detail of work experience:

Area	Experience	Annexure No.
Academic		
Administrative		
Professional		
Development		
Other (if any)		

Farlier Annlied for regular facul	ty position at MITS: Y/N
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- (i) Post Name.....
- (ii) Year
- (iii) Result.....

Note: Photocopy of Testimonials enclosed:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

8.		
9.		
10.		
<u>DECLARATION</u>		
I, hereby, declare that all the information given above, are true to the b case it is proved otherwise, my candidature shall be cancelled.	est of my knowledge and	belief and in
Date :		
	Signature of	f Candidate
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