

CHAITANYA BHARATHI INSTITUTE OF TECHNOLOGY (Autonomous)

(8 U.G. & 3 P.G. Engg., Programmes Accredited by NBA & Accredited by UGC - NAAC - with "A" Grade and NIRF Ranked Institute)

Chaitanya Bharathi P.O., Kokapet (V), Gandipet (M), Hyderabad - 500 075, Telangana State.

Adv	vt. No. 2 / NTS / 2020 <u>EMPLOYM</u>	IENT APPLICATION FORM	Affix your latest
APPLICATION FOR THE POST OF DEPARTMENT		:	passport size photograph & get it attested by a Gazetted Officer with seal
1.	Name in full with Surname	:	
2.	Father's / Husband Name	:	
3.	Date of Birth & Age (in Christian era)	:	
4.	Place of Birth	:	
5.	Postal Address for Communication	:	
	F. 11 F.		
6.	Email ID	:	
7.	Mobile No.	:	
8.	State whether you belong to OC/SC/ST/I (Attach a Certificate from the Authority p	BC/PH: prescribed under Government Rules)	_
9.	Give particulars of all Examinations	passed Degree / Diploma obtained (comm	nencing with the

9. Give particulars of all **Examinations passed Degree / Diploma obtained** (commencing with the Matriculation or equivalent Examination). Where a **Degree / Diploma** has been obtained by **Private appearances** that should be specifically mentioned in **Brackets** in **Column (2)** of the **Table**.

- (Copies of Certificates to be enclosed)

S. No.	Examination or Degree	Name of the College and University	Year of passing	Class & Percentage	Subjects taken for Specialization	

10. EMPLOYMENT DETAILS: Give in reverse chronological order details of your previous experience. - (Copies of Appointment Orders and Service Certificates to be enclosed)

S.	Name & Address of the Organization	Designation	Scale of pay / Consoli- dated Salary Rs.	Duration of Employment		Basic Pay last Drawn /	Reasons for	
No.				From	То	Total (Yrs)	Consolidated salary	
1.								
2.								
3.								
4.								
11. De	etails of Enclosures:					-		
(i)	(ii)	(iii	i)	(iv)			(v)	
	f any of your Relatives / Institute mention their N			:				
i	(Including Email ID & Nean be made about the Can be made about the	andidate	(ii) _	:				
Place: Date:					Sig	gnature	of the Candida	ate
====	<u>DEC</u>	LARATION T	O BE SIGN	ED BY TI	HE CANI	DIDAT	======= <u>E</u>	======
I herel	by declare that the partic	ulars furnished	in this Appli	cation are	true to the	best of	my knowledge.	
Date:		=======================================			Sig	gnature	of the Candida	ate
9	ONLY FOR CANDIDA	ATES ALREA	DY WORK	ING IN OI	RGANIZ	ATION	/ INSTITUTI	<u>ONS</u>
b. Tl c. Ce	orwarded to the Principal he Applicant is a Perman ertified that the above Pa he Organization / Institut	ent / Temporar	y Employee rrect as per o	and His / H our Records	Ier Condu			
						L SIGN IGNAT	NATURE: TON:	

DESIGNATION: (Office Seal)