**CHHATTISGARH SWAMI VIVEKANAND TECHNICAL UNIVERSITY**

**Foundation for Rural Technology and Entrepreneurship**

**APPLICATION FORM**

**Application for the Post of Multi Tasking Staff (MTS)**

**Note: Prospective candidates are advised to study the Instructions carefully and then fill up the application in all respects. Attach additional sheets, if required. However, information given must be precise and to the point.**

1) Name of Applicant : …………………………………………………………………

(Affix recent passport size color photograph duly signed by applicant)

 **(in full capital)**

2) Mother’s Name : …………………………………………………………………

3) Father’s / Spouse Name : …………………………………………………………………

4) Age : Years……………..Months……………..

5) Date of Birth :

|  |  |  |
| --- | --- | --- |
| **Day** | **Month** | **Year** |
|  |  |  |

6) Nationality : …………………………………………………………………

7) Religion : …………………………………………………………………

 8) Gender : Male/ Female / Transgender

9) Marital Status : Married / Unmarried

**Signature of Applicant**

10) Address

|  |  |
| --- | --- |
| Address for Communication | Permanent Address |
|   |   |
| State: Pin: | State: Pin: |

Phone (R):………………………………... E-mail:………………………………...

Phone (O):………………………………... Mobile:………………………………...

11) Category (Put √ marks)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| SC |   |  | OBC |   |  EWS |  |
|  |  |  |  |  |  |  |
| ST |   |  | UR |   |  |  |

12) Whether Physically Challenged (Put √ marks)

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |   | No |   |

13) Educational Qualification (10th Std onwards) **(Attach self-attested copies)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sr. No | Examination/Degree | Board/University | Subjects | Month and Year of Passing | Percentage/Division | Marks Obtained/Total Marks |
|   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |

**Signature of Applicant**

14. Experience **(Attach self-attested copies)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Sr. No.  | Organization | Designation | Duration | Pay Scale & Grade Pay/ Pay Level  | Total Emoluments | Permanent/Temporary/Contract | Length ofService in  Years &  Months  |
| From | To |
|   |   |   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |  |
|   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |

15. Any other relevant information:

16. List of enclosures:

01)……………………………………………………………….

02)……………………………………………………………….

03)……………………………………………………………….

04)……………………………………………………………….

05)……………………………………………………………….

**DECLARATION**

The information given above is true to the best of my knowledge and belief. I agree to abide by the rules & regulations of the University/CSVTU-FORTE. I also understand that if any information given by me in the form is found incorrect in future, my candidature/appointment will be cancelled with immediate effect.

Date:

Place:

**(Signature of Applicant)**