

HI-TECH INSTITUTE OF TECHNOLOGY

Approved by All India Council for Technical Education, DTE, State Govt. of Maharashtra & Affiliated to Dr Babasaheb
Ambedkar Marathwada University, Aurangabad.

Telephone No. 0240-2553496, Fax No. 0240-2552240 Website: www.hitechengg.edu.in

APPLICATION FORM

Date:- _____

Post Applied For: _____ Branch: _____

BASIC DETAILS

First Name:- _____ Father/Husband Name:- _____

Surname:- _____ Mother Name:- _____

Caste:- _____ Sub-caste:- _____

Address For Correspondence: _____

Date of Birth:- _____ Email-Id:- _____

PAN Card No.:- _____ Aadhar No.:- _____

Mobile No.:- _____ Marital Status:- _____

Gender:- _____ Physically Handicapped:- _____

EDUCATIONAL QUALIFICATION

Exam Passed	Board/university	Month & Year of Passing	Total Marks	Obtained Marks	%	Class/Grade /CGPA
SSC						
Diploma						
HSC						
BE FE						
BE SE						
BE TE						
BE						
ME						
Msc						
PhD						



PROFESSIONAL/PUBLICATIONS/PROJECT/BOOKS/PATENT DETAILS

Sr. No.	Name of Professional Body	Type of Membership	Membership No.
01			
02			
03			

Sr. No.	Conference/Journals/Books	No. of Papers/Books	Remark
01	National Conference		
02	International Conference		
03	National Journals		
04	International Journals		
05	Books		
06	Patents		

Sr. No.	Name of Project	Short Detail
01	Under Graduate Level	
02	Post graduate Level	
03	Interaction with outside World (Faculty Dev, STTP, Training Act)	

Sr. No.	Development Activity	Short Detail
01	Research Paper Publication	
02	Product Development	
03	Research Lab Development	
04	Instructional Material	
05	Working Models/Charts/Monograms	

Sr. No.	Funded R&D Projects	Short Detail (Funding Agency & Amount)
01		
02		
03		



EXPERIENCE

Sr. No.	Name of Post	Name of College/Industry	UGC Approved Yes/No	Experience Period		Total	
				From	To	Year	Month

I Hereby Declare That Whatever Has Been Stated Above is True to Best of My Knowledge, Correct and Nothing Material Has Been Concealed There Form. Also I have read the contents of advertisement and agree to abide by the rules for further procedures & appointment. If Found False I Will Solely Responsible For Further Action Taken By You against Me.

Date: _____

Place: _____

(SIGNATURE OF APPLICANT)



Kindly Enclose the Following List of Documents With Attested Copies

1. SSC Mark-List	YES	/	NO	
2. Diploma Mark-List	YES	/	NO	
3. HSC Mark-List	YES	/	NO	
4. BE Mark-List	YES	/	NO	
5. ME Mark-List	YES	/	NO	
6. Msc Mark-List	YES	/	NO	
7. PhD Certificate	YES	/	NO	
8. Caste Certificate	YES	/	NO	/ NOT APPLICABLE
9. Validity Certificate	YES	/	NO	/ NOT APPLICABLE
10. Physically Handicapped	YES	/	NO	/ NOT APPLICABLE
11. Experience Certificate	YES	/	NO	/ NOT APPLICABLE
12. Passport Size Photo (TWO)	YES	/	NO	
13. PAN Card	YES	/	NO	
14. Aadhar Card	YES	/	NO	
15. Experience Certificate	YES	/	NO	

Note That:-

1. All the original documents of above said enclosure will be verified before the time of interview.
2. There is no need to enclose the Professional, Publications & Project Details Documents.
3. Professional, Publications & Project Details Documents will be verified on the date of Interview.
4. Late Submission of Form Will Not Be Entertained.
5. No Any Charges, T.A. and D.A. will be given to Applicant.

**Stick Your
Photo Here**

**Stick Your
Photo Here**

FOR OFFICE USE ONLY

Verified By

UGC Process In Charge

ANY REMARK:-

Date:-

