

To,
 The Registrar
 MATS University
 Raipur (C.G)

Application Form

	Date Of Application	(DD/MM/YYYY)			
1	Post Applied For				
2	Department				
3	Full Name				
4	Date Of Birth	(DD/MM/YYYY)			
5	Nationality		9	Gender M/F	
6	Marital Status		10	Category	
7	Father's Name				
8	Mother's Name				

11	Present Address		Permanent Address		
	Line 1:		Line 1:		
	Line 2:		Line 2:		
	District:		District:		
	State/Country :		State :		
	Email:		Email:		
	Mobile:		Mobile:		
	Phone :		Phone :		
	Fax :		Fax :		

12	Educational Qualifications					
	Degree/ Examination	University/ Board/ Institution	Year Of Passing	Discipline	Division/ Grade	% Of Marks
	10th					
	12th					
	Graduation					
	Post Graduation					
	Research					
	Others					

13	Experience					
	Organization	Designation	From (DD/MM/YYYY)	To (DD/MM/YYYY)	Total Experience (YY/MM)	Job Profile

14	Academic or Professional Awards / Achievements :

15	Salary Details of present(or last) Position				Salary Expected
	Scale of Pay	Basic Pay	Allowances	Total	

16	References				
	Name	Designation	Organization	Email	Phone

17	Any other information which you wish to bring to the notice of the selection committee

18	List of Enclosures
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Declaration: I do hereby declare that I am eligible as per the notification. All the entries/statements made in this application are true, complete and correct to the best of my knowledge and belief. I was not convicted / involved in any criminal cases. In the event of any information being found false or incorrect or ineligibility being detected before or after the selection my candidature shall be liable to be rejected.

Name: _____

Date : _____

Signature : _____

Place : _____