|  |  |  |
| --- | --- | --- |
|  | **DEPARTMENT OF COMPUTER TECHNOLOGY**  **ANNA UNIVERSITY, MIT CAMPUS**  **CHENNAI – 600044** |  |

**Application Form for the Post Code …………and Position of ………………………………….**

**Applicant Details**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | Name (in Block letters) with initials at the end | |  | | | | | | | | | | | | | | | Affix Recent Passport Size Photo | | | | |
| 2. | Address for Communication | |  | | | | | | | | | | | | | | |
| 3. | E-mail address (valid & functional) | |  | | | | | | | | | | | | | | | | | | | |
| 4. | Mobile Number | |  | | | | | | | | | | | | | | | | | | | |
| 5. | Nationality | |  | | | | | | | | | | | | | | | | | | | |
| 6. | Community | | OC | | | | | BC | | | | MBC | | | | SC | | | | | ST | |
| 7. | Gender | | MALE / FEMALE | | | | | | | | | | | | | | | | | | | |
| 8. | Date of Birth | | D | | D | M | | | M | Y | | | Y | Y | | | Y | | Age (as on 01.04.25) | | | |
|  | |  |  | | |  |  | | |  |  | | |  | |  | | |  |
| Years | | | Months |
| 9. | Educational Qualifications | | | | | | | | | | | | | | | | | | | | | |
| Certificates/Degree | Specialization/Branch | | School/College | | | Board/  University | | | | Year of Passing | | | | Percentage/  CGPA | | | | | Class Obtained | | |
| Ph.D |  | |  | | |  | | | |  | | | |  | | | | |  | | |
| PG |  | |  | | |  | | | |  | | | |  | | | | |  | | |
| UG |  | |  | | |  | | | |  | | | |  | | | | |  | | |
| Diploma |  | |  | | |  | | | |  | | | |  | | | | |  | | |
| HSC |  | |  | | |  | | | |  | | | |  | | | | |  | | |
|  | SSLC |  | |  | | |  | | | |  | | | |  | | | | |  | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 10. | Additional Qualifications (including higher degree(s)/Certificates/ NET/SET/GATE): | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
| 11. | Experience (if any) | | | | | | |
| Sr. No**.** | Name of the Organization | Designation | Period | | Nature of Work | Experience | |
| From | To | Years | Month |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | Total Experience | | | | |  |  |
| 12. | Any Additional information (Awards/Recognitions/Publications/Sponsored R&D Projects)**:** | | | | | | |
|  |  | | | | | | |
|  |  | | | | | | |
|  |  | | | | | | |
|  |  | | | | | | |
| 13. | Attach additional sheets for more details, if any. | | | | | | |

**Declaration**

I hereby declare that I have carefully read the instructions and particulars supplied to me and that the entries made in this application form are correct to the best of my knowledge and belief. If selected, I promise to abide by the rules and discipline of the institute. I note that the decision of the institute is final in regard to selection. The institute shall have the right to expel me from the institute at any time after my selection, provided it is found that I was admitted on false particulars furnished by me or my antecedents prove that my continuance in the institute is not desirable. I agree that I shall abide by the decision of the institute, which shall be final.

Signature of the Applicant

Place:

Date: