

मोतीलाल नेहरू राष्ट्रीय प्रौद्योगिकी संस्थान इलाहाबाद

इलाहाबाद-211004 (भारत)

MOTILAL NEHRU NATIONAL INSTITUTE OF TECHNOLOGY ALLAHABAD ALLAHABAD-211004 (INDIA)

Trainee Teachers Scheme

Adve	Please paste self attested			
Depa	rtment (applied for) :			recent passport size colour photograph
1.	Full Name(in block letters)	:		
2.	Father's/Mother's Name	:		
3.	Date of Birth (DD/MM/YYYY)	:	4. Age (as on last date):	
5.	Nationality	:	6. Gender: Male/Female	
7.	Category (GEN/OBC/SC/ST/PWD)	:	,	
8.	Marital Status (Married/Unmarried)	:		
9.	Native Place (Village/Town, District & State)	:		
10.	Postal Address for correspondence	:		
		Phone No.: Email-ID:	Pin Code: Mob. No.:	
11.	Permanent Address	:		
	(Mention Village/Town, District and State			
	you belong to)		Pin Code:	
		Phone No.:	Mob. No.:	
		Email-ID:		
12.	Are you a B.Tech graduate from CFTIs/pursuing your study in any of the CFTIs (like IIT, NIT, IIIT, etc.), if yes, mention the Institute's name & address	Yes/No Name of Institute: Address:		
13.	Do you belong to Top 15% of the students in your Institute	Yes/No Your Rank in your branch:		

14. Educational Qualifications (matriculation onwards and each semester B. Tech result (i.e., from Ist to VIIIth)):

SI. No.	Examination Passed	Name of the Board/ Institute/ University	Year of Passing	Subject/ Branch Specialization/	% of Marks/ Grade (CGPA)	Rank
1.	Class-X	•		•	, ,	
2.	Class-XII					
3.	BTech - Ist Sem					
4.	BTech – II nd Sem					
5.	BTech - III rd Sem					
6.	BTech - IV th Sem					
7.	BTech - V th Sem					
8.	BTech - VI th Sem					
9.	BTech - VII th Sem					
10.	BTech – VIII th Sem					
11.						

15. (a) Details of B.Tech. Thesis/Project:

Title of the Thesis	Ongoing / Completed	Name of the Supervisor	Paper presented / Published (if any)

(b) Give details of the summer training (if any)

SI.	Name of the Organization	Duration	Title of the Project/ Training	Remarks (If any)
No.		(From to)	Programme	

(c) Conference/Seminar (National and International level) participated:

SI. No.	Name of the National or International Conference/Seminar	Month/ Year	Venue	Title of the paper presented (if any)	
16. F	Prizes, Awards, Distinction received etc. (if any):				
17. E	Extra Curricular Activities/Hobbies:				
 18. F	Please give details of two referees:				
(i) Na		(ii) Name:			
Desi	gnation:	Designatio	n:		
Full	Address (Office):	Full Address (Office):			
Cont	act No.:	Contact No	D.:		
Ema	il:	Email:			
19. <i>A</i>	Any other relevant information:				
	<u>Di</u>	<u>ECLARATION</u>			
misle	clare that the statements made in this application are eading or wrong information supplied by me may lequently).				
Date	:			(Full Signature of Applicant)	
Plac	e:			(. an organical of Applicant)	