



Indian Institute of Information Technology Pune

A/P: Sadumbre, Tal: Maval, District: Pune.

APPLICATION FOR THE POST OF SENIOR ACCOUNTANT / CONSULTANT

- 1) Name :
- 2) Sex : M F
- 3) Father's Name/ Husband's Name :
- 4) Date of Birth :
- 5) Community to which belong: SC ST OBC UR
(Make a \checkmark on appropriate)
- 6) Address for Communication :
- 7) Permanent Address :
- 8) Phone No: Mobile No: Email -Id :
- 9) Educational Qualification :

Recent
Passport size
Photograph

Sl. No	Course Completed	Name of the Institution	Class/ Percentage of Marks Obtained	Year of Passing
1.	Secondary School			
2.	Higher Secondary			
3.	B.Com			
4.	Post Graduate			
5.				

**Duly attested true copy of the documentary proof will have to be submitted.*

10. Details of employments: Please give particulars of your present and past employments in chronological order, starting with the present one*:

Sl. No.	Organisation / Institute	Position held	Nature of duties / work	Date of joining	Date of leaving	Last Pay & Scale of pay	Additional remarks about experience, if any.*

****Duly attested true copy of the documentary proof will have to be submitted.***

11.	(a) Awards and Honours:		
	(b) Seminars/conferences/ workshops/training programmes attended/organized:		
12.	Did you previously apply for any post in this Institute? If so, give particulars and date:		
13.	Additional Remarks: (Applicants may mention here any special qualifications or experience, e.g. in organisations which have not been included under the heads given above)		
14.	Name, Designation and Address (along with phone no/ email) of three referees who are acquainted with your work.	1.	
		2.	
		3.	
15.	Mention your hobbies		
16.	Miscellaneous Information: Computer Skills (e.g. word processing, spread sheet, databases or any other specific software with familiarity level of basic/ intermediate/ Advance)		
	ICT Usage	Skills	Specialized Packages/ Software's

Note: Incomplete applications will not be entertained.

I hereby declare that, all statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand in the event of any information being found false or incorrect at any stage or not satisfying the eligibility criteria according to the requirements of the relative advertisement, my candidature/ appointment is liable to be cancelled/ terminated.

I Certify that:

i)	No vigilance case is either pending or contemplated me.
ii)	No minor/major penalties have been imposed upon me during my Service career.

Place:

Date:

Signature of Candidate

DATA SHEET FOR THE APPLICANTS FOR LABORATORY TECHNICIAN IN _____

App. No. (For Office Use)	Name & Address	Category (GEN/OBC/SC/ST/PD)	Date of Birth DD/MM/YYYY	Academic Qualifications			Remarks (For Official Use)
				Degree	% of marks obtained	Year of Passing	
	<u>Name:</u>			X			
	<u>Mailing Address:</u>			XII			
				Diploma			
	<u>PIN Code:</u>			B.Com & P.G..			
	<u>Phone and Mobile Number:</u>			<u>Award(s):</u>			
	<u>Email ID:</u>						

Date:

Signature of the Candidate