

# VOCATIONAL INSTITUTE OF TRAINING (VIT)

A-168, FLOWER CITY, NEAR ASHNANI SCHOOL,  
BAGMUGALIYA, BHOPAL – 462023  
[www.viteducation.in](http://www.viteducation.in), [info@viteducation.in](mailto:info@viteducation.in), +919-111-999-290



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## APPLICATION FORM

Name of the course applied for : \_\_\_\_\_

1. Name in full : Mr./Ms. \_\_\_\_\_  
(In block letters)

(a) Father's/Husband's Name : \_\_\_\_\_  
(b) Mother's Name : \_\_\_\_\_

2. Sex: \_\_\_\_\_ 3. Nationality: \_\_\_\_\_ 4. Marital Status: \_\_\_\_\_

5. (a) Present Address : \_\_\_\_\_  
(to which communication should be sent)  
Telephone/Fax/E-mail : \_\_\_\_\_

(b) Permanent Address (if different from above) : \_\_\_\_\_  
Telephone/Fax/E-mail : \_\_\_\_\_

6. Date of Birth : \_\_\_\_\_ (In words \_\_\_\_\_ )  
Day Month Year

7. Place of Birth : \_\_\_\_\_ District \_\_\_\_\_ State \_\_\_\_\_

8. Are you a member of :  OBC  SC  ST  PH  
OBC/SC/ST/PH? Sub-Caste:- \_\_\_\_\_  
(Please attach Certificate from the Competent Authority. In case of OBC candidates, valid non-creamy layer certificate issued in the last financial year should be attached).

9. Have you qualified in :  Yes  No  Not Applicable  
UGC-NET Exam (or)  
Other Competitive Exam If yes, state appropriately  
(Please Specify)  JRF or  LECTURERSHIP ONLY  
\_\_\_\_\_

10. ACADEMIC RECORD (Give particular of all examination and degree obtained starting with 10<sup>th</sup> grade or high school)

Exam/Degree	Board / Institution University	Month & Year of Passing	Division/Class with Percentage of Marks*	Subject (s) offered

\* In case of grade, please write equivalent percentage of marks.

11. Employment RECORD (if any): (If currently working, enclose a No-Objection Certificate from your employer)

Employer	Post Held	From (Date)	To (Date)	Salary last Drawn	Reason for leaving the post

12. Have you published any paper? If so, give the list of your publications, with details.

13. Give reasons in brief as to why you seek admission and what you expect to gain by this study?

14. Will you be sponsored or self-financed for the Programme?  Yes  No

15. If Yes,  Sponsored by organization  Self-sponsored

[If sponsored by your organization, the employer should fill-in and certify the last page.]

16. Give names, occupations/positions and addresses of two referees, other than your relatives, who are in a position to give information about you and your work.

(I) _____	(II) _____
_____	_____
_____	_____
_____	_____

**DECLARATION BY THE APPLICANT**

I hereby declare that all statements made in this application are true, complete and correct to the best of my knowledge and belief.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of the Applicant*

**IMPORTANT**

1. INCOMPLETE FORM WILL BE SUMMARILY REJECTED.
2. These instructions shall be read with the instructions as appeared in the advertisement, if any.
3. Application should be sent by Speed Post/Registered Post to the HR (Academic), Vocational Institute of Training (VIT), A-168, Flower City, Near Ashnani School, Bhopal-462023
4. Any change of address should immediately be communicated to the HR (Academic), Vocational Institute of Training (VIT), A-168, Flower City, Near Ashnani School, Bhopal-462023
4. Applicants should send with their applications attested copies of their degrees or other certificates in support of their educational qualifications and certificate in support of their declaration of age. The candidates in employment should enclose a No-Objection Certificate from his/her employer.
5. In case of sponsored applicants where the financial liabilities have to be borne by the sponsoring agency, the Employer should furnish the official statement of sponsorship and provisions and should fill up the form given overleaf.
6. Only selected candidates will be informed by the office. No interim correspondence will be entertained.
7. If the applicant is a foreign national, the application should be routed through proper channel.

Certified that Mr./Ms. \_\_\_\_\_  
holds a post in this Department/Office/Institution/Organization and that the statements made by him/her in this form are correct to the best of my knowledge and belief. I recommend his/her admission to the training programme of the Institute.

Signature : \_\_\_\_\_

Designation : \_\_\_\_\_

Department/  
Office/  
Institution/  
Organization : \_\_\_\_\_

Place : \_\_\_\_\_

Date : \_\_\_\_\_

(Office Stamp)