

CENTRAL MANUFACTURING TECHNOLOGY INSTITUTE, BENGALURU – 560022

Details of Applicant attending for walk-in Interview

ADVT NO.16/2019

APPLICATION

Name of the Post: _____

PHOTO

Name and Address				
E-mail:				
Mobile No.:				
Age & Date of Birth				
Category	SC <input type="checkbox"/>	ST <input type="checkbox"/>	OBC <input type="checkbox"/>	GEN <input type="checkbox"/>
Qualification	Year of Passing	Percentage	Specialization	
SSLC:				
PUC/Diploma:				
Graduation:				
Any other Additional Qualification:				
<u>Post Qualification Experience:</u>				
SI NO.	Name of the Company	From	To	Nature of Work
1.				
2.				
3.				
Total Period of Experience:				

I, the undersigned, declare that all information given above is true to the best of my knowledge and belief. Any information furnished/suppressed above is found to be false or incorrect at a later stage, I shall be liable for termination without any notice or reason at any time.

Signature of the applicant

Place:

Date: