



Rajiv Gandhi Institute of Petroleum Technology (RGIPT)

(An Institute of National Importance Established under an Act of Parliament)

Ratapur Chowk, Rae Bareli- 229316, UP

APPLICATION FORM

(Application shall be filled in own handwriting, Use extra sheets if necessary)

Application No
(For Office Use Only)

Advt. No.: RGIPT/RBL/NAS/01/2014

To
The Registrar
Rajiv Gandhi Institute of Petroleum Technology
Ratapur Chowk
Rae Bareli - 229316 (UP)

Affix a recent passport size photograph duly attested by the candidate

Details of Application Fee:

Demand Draft No.	Date	Name of Bank	Amount(Rs.)

Post applied for:

S. No. (As per advertisement) Post Name

1. Name:
(Mr. / Ms.) (Surname) (Middle) (First)

2. Marital Status: Married / Single

3. Do you belong to SC/ST/OBC Category? (If yes, please specify. If not, write 'Unreserved'): _____

4. Whether claiming reservation under SC/ST/OBC Category: _____
(if yes, please attach caste certificate as applicable)

5. Father's/ Husband's Name _____

6. Nationality: _____ 7. Date of Birth (DD\MM\YYYY):

8. Address for Communication:

Mobile No :-----

E-mail :-----



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9. Have you ever been convicted by court of law or Is there any criminal case/disciplinary action/vigilance enquiry pending against you? If yes, please specify _____

10. Educational/Professional Qualifications (from Class X onwards)

(Please attach attested copies of certificates and mark sheets):

Year	Examination Passed	Full-time/Part-time/Distance Learning	Board/ University	Division/ %

11. Details of employment in reverse chronological order:

(Please attach proof of experience, attach extra sheet if required):

Period of Employment		Period of each employment in year/ month	Designation	Name and address of Employer	Scale of Pay and Basic pay/ Gross Pay	Brief Description of Duties/ Responsibilities
From	To					



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12. Referees:

Name :	Name :
Designation:	Designation:
Address :	Address :
Email :	Email :
Phone No :	Phone No :
Fax :	Fax :

13. Details of family members (please indicate who are presently dependent upon you):

Relation	Name & Age	Dependent	Current Occupation (Working/Studying/ Others)	Suffering from any disease?	Give details if you or any of your dependents suffering from any of the following ailments: (a) Hypertension (b) Diabetes (c) Heart disease (d)STD/ISD, (e)AIDS (f)Infectious Skin Disease (g)Renal Disorder (h)Thalassaemia or (i) Br. Asthma?
Self		Self		Yes/No	Smoking (Yes/ No) Other ailments(Pls. specify):
Father		Yes/No		Yes/No	
Mother		Yes/No		Yes/No	
Wife		Yes/No		Yes/No	
Son(s)		Yes/No		Yes/No	
Daughter(s)		Yes/No		Yes/No	
Others		Yes/No		Yes/No	



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DECLARATION

I, _____ hereby declare that all the details submitted above are true to the best of my knowledge and belief.

Date:

(Signature of applicant)

Place:

List of enclosures (Please list the documents attached):

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.