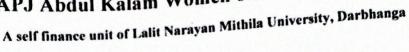


Dr. APJ Abdul Kalam Women's Institute of Technology





Website:- witlnmu.ac.in

Advertisement No. 02/25

Email ID: - directorwit@yahoo.in

Ph:- 06272-246579

Application are invited from the eligible candidates for the post of Assistant Professor on a purely contractual basis for the period of eleven months only at the fixed salary of 50,000 /-. month. Application format available at Dr. APJAKWIT L.N.M.U., Darbhanga from 20/06/2025 to 10/07/2025 at office time i.e. 10:30 AM to 4:30 PM, & also available on official website. Filled form will be accepted till 10/07/2025. The minimum qualification for the post of Assistant Professor are B.Tech/ M.Tech/ MCA with Ph.D. in relevant subjects.

Details of the Vacancy are as under:-

Details of	the Vacancy are as under.	Number of Positions
SI No.	Course/Subject	01
1	Mathematics	04
	CSE/IT/MCA	02
$\frac{2}{3}$	Bioinformatics (BI) Biotechnology	01
4	Electrical/ Electronics Engg.	08
	Total	

- 1. No TA/DA will be admissible for interview/Joining
- 2. Duly filled in Application Form can be submitted in the office of the Director, Dr. APJ Abdul Kalam Women's Institute of Technology, Lalit Narayan Mithila University, old Navoday Complex, Kameshwarnagar Darbhanga-846008.
- 3. No Separate call letter shall issued to eligible candidates for interview.
- 4. List of eligible candidates shall be displayed on official website of Dr. APJAKWIT, www.witlnmu.ac.in on 15/07/2025.
- 5. Forms should be fill up with duly attested photocopies of mark sheet and certificates with contact no. & email.
- 6. Female candidates shall be preferred.

Date of Interview

18th July 2025

Time

10:30 AM :-

VCR Office

Venue

L.N.M.U., Darbhanga

By the order of the Hon'ble Vice-chancellor



Dr. APJ Abdul Kalam Women's Institute of Technology

A self finance unit of Lalit Narayan Mithila University, Darbhanga



Application Form for the post of Assistant Professor on contractual basis

			_		
Date of Receiving		Advt. No. &	Date		
Sl. No.	Applica	tion for the Course / Sub	ject of		
L			_		
Note: - This ap 01. (i) Name	oplication form must be fil	lled by the candidate in	n blue/blac	k ball point pen on	ly.
(In Block Letter)					
(ii) Father/Husband Name					
(In Block Letter)					
(iii) Mother Name (In Block Letter)					
(iv) Date of Birth	Day	Month	Yea	r	
(In words)					<u> </u>
(v) Age as on 01-01-2024	Year	Month		Days	
02. (i) Citizen of India	1- Yes 2- No (ii) Native of Bih	nar 1- Yes (iii) 2- No) Gender	1-Male 2-Fema	ale 3. Transgender
(iv) Category	- GEN 2. BC 3. EBC 4. SC	5. ST			
Percentage of disability	2- No	Below 40%	1- Blind 2	2- Deaf & Dumb 3- P	hysically Disable
(ii) Are you employee of	L.N.M.U. 1- Yo	es 2- No (iii) Are	you Ex-Arn	ny Man	1- Yes 2- No
Designation	Offi	ice		Place	
(iv) Do you have essential	l/minimum qualifications as p	per advertisement	1- Yes	2- No	
04. Mobile Numbers 1 & 2	2:	E- mail			
Full Name & co	orrespondence address				-
Name:					
Address					
				Recent Passport	
				size photo	
Dist	State				
]	Pin code				
	C	andidate Full Signature	e		

							Dist.				
Sta	te						Pin cod	e			
. (i) Marital status . (i) Educational Qual			d 2- Unma	rried 3. D	ivorced						
Examination Passed	<u>Fact</u> Sub	ult <u>y</u> ject	Session	Passing Year	Institute	Boar	d/Universi	ty	Marks Obtained	Full Marks	%
Ph.D.											
Post Graduation											
Graduation											
Intermediate											
Matriculation											
Any Other qualification/ experience relevant to your candidature:											
(ii) UGC-CSIR conduc	ted NET o	or GATE e	xamination	detail (if	applicable):						
Examination Pas	ssed	Fac	ulty/Subjec	et	Passing Year	Iı	nstitute		Un	iversity	

05. Permanent address

Sl. No.	Name of Published Journal	Name of the Publisher	Referred/N referred Jou
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			

(b) Seminar/Conference attended (if applicable):

Sl. No.	Name of the paper presented in seminar/conference	International/National	The certificate of the Chairman/convener organizing
NO.			the seminar should be attached
			to the certificate that the paper
			has been presented by you in
			the original form
1.			
2.			
3.			
3.			
4.			
5.			
6.			
7.			
/ '			
8.			
L			

8. Details of previous employment (if any):	_ *
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Designation	Organization	Permanent/ Contract	Date of Joining	Date of Leaving	Date & Reason of resignation (if applicable)	Gross Salary

9. Physical mark of applicant	
he/ she will be relieved, if selected for the post applied for. 9. Physical mark of applicant	inst his/her application and
	Signature
9. Physical mark of applicant 10. Any other information.	Name:
	Designation:
	(Seal)
10. Any other information.	
11. Application fee paid details	

Declaration

I hereby declare that above information provided by me is true & correct to the best of my knowledge. Any information, if found incorrect or misleading at any stage, shall lead to cancellation/ termination of candidature and I shall have no claim thereafter. I agree to abide by all the rules & regulations of the University/APJAKWIT, amended, up to date.

> Self attested Passport size photo

List of Enclosures (in chronological o	rder):
lhaar No.:	PAN No.:
e:	Candidate Full Signature
ce:	