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**Management Development Institute Gurgaon**

**Meharuli Road, Sukhrali, Gurugram – 122007**

**Application Form for Teaching Cum Research Assistant (TRA)**

**Please read the following instructions before proceeding:**

1. Kindly fill the form in softcopy itself.

2. After filling the form, kindly email the filled softcopy along with necessary enclosures to tra\_rect@mdi.ac.in.

3. Kindly print a copy of the filled form, attach photocopies of necessary proofs of educational qualifications and work experience and send in a closed cover superscribing the name of the position and send through post only to the:

**“The Chief Administrative Officer**

**Management Development Institute Gurgaon**

**Mehrauli Road, Sukhrali, Gurugram, Haryana, 122007”**

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Affix your
Passport Size Photograph
here(To be signed by the applicant,

across the photograph).

**Management Development Institute Gurgaon**

**Meharuli Road, Sukhrali, Gurugram – 122007**

**APPLICATION FORM FOR TEACHING CUM RESEARCH ASSISTANTS (TRA)**

1. Name in Full:

2. Father’s / Husband’s Name:

3. Date of Birth: \_\_\_\_\_\_/ \_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ Age as on June 2021 years\_\_\_\_\_\_\_\_\_\_months\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. (a) Gender: \_\_\_\_\_\_\_ (b) Marital Status: \_\_\_\_\_\_\_\_\_\_\_\_\_

5. Mailing Address:

Tel. No. Mobile:

Fax No. E-mail:

6. Permanent Address:

Tel. No. Mobile:

7. **Educational Qualifications (in reverse chronological order)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Examination Passed** | **University/ Institution** | **Subjects** | **Year of passing** |  **Marks %/ Division** |
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8. **Work Experience (in reverse chronological order)**

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| --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Name of the Employer** | **Period of Service** | **Position/Designation** | **Nature of Job** | **Scale of Pay & Basic Pay** |
| **From** | **To** |
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**9. Professional References (Two)**

|  |  |
| --- | --- |
| **First Reference** | **Second Reference** |
| Name: |  | Name: |  |
| Designation: |  | Designation: |  |
| Organization: |  | Organization: |  |
| Relationship with self: |  | Relationship with self: |  |
| E-mail: |  | E-mail: |  |
| Mobile: |  | Mobile: |  |

1. If selected what period would you require to join the post: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Please indicate whether you are related to any of the employees of MDI Gurgaon or member(s) of the Board of Governors of MDI Gurgaon. – YES/ NO

If yes, please provide details.

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

Place: ………………………………………..

Signature of the Candidate

**DECLARATION**

I declare that the information provided above is true and correct to the best of my knowledge. I understand that any mis-representation in the information above, discovered at any time, may lead to my disqualification/ termination.

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

Place: ………………………………………..

Signature of the Candidate