**APPLICATION FORM FOR RECRUITMENT OF NON – FACULTY POSTIONS**

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|  | **ADVERTISEMENT NO AND DATE** |  |

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|  | **TRANSACTION DETAILS** |
|  | |  |  | | --- | --- | | **TRANSACTION ID** |  | | **BANK NAME** |  | | **BRANCH NAME** |  | | **AMOUNT** |  | |

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| **PASTE PASSPORT SIZE PHOTO HERE** |

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|  | **POST APPLIED FOR** |  |

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|  | **PERSONAL DETAILS** |
|  | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Name of Applicant** |  | | | | | | | |  | **Mother’s Name** |  | | | | | | | |  | **Father's Name** |  | | | | | | | |  | **Full Address with PIN** | | | | | | | | |  | **Address for Communication** |  | | | | | | | |  | **Permanent Address with Police Station and PIN** |  | | | | | | | |  | **E – Mail Id** |  | | | | | | | |  | **Mobile No.** |  | | | | | | | |  | **Gender** | **MALE** | | **FEMALE** | | | **OTHERS** | | |  | **Date of Birth**  **(*Attach proof*)** | **DAY** | | **MONTH** | | | **YEAR** | | |  | |  | | |  | | |  | **Age as on 31.03.2019** | **Years** | | **Months** | | | **Days** | | |  | |  | | |  | | |  | **Marital Status** | **MARRIED** | | | | **SINGLE** | | | |  | **Category** | **SC** | **ST** | | **OBC** | | | **OPEN** | |  | **Whether belong to PWD** | | | | **YES** | | | **NO** | |  | **If YES, please specify** | **Category of PWD** | | | **%-age of disability** | | | | |  |  |  | | |  | | | | |

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|  | **EDUCATIONAL QUALIFICATION** |
|  | Give the details of “Educational Qualification” in the following format:   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Degree** | **Name of Board / University** | **Branch / Specialization** | **Year of Completion** | **Div. / Class** | **%-age of Marks / CGPA / CPI** | | **X** |  |  |  |  |  | | **XII** |  |  |  |  |  | | **DIPLOMA** |  |  |  |  |  | | **GRADUATION** |  |  |  |  |  | | **POST-GRADUATION** |  |  |  |  |  | | **Ph.D.** |  |  |  |  |  | | **OTHERS** |  |  |  |  |  | | **Title of Ph.D. Thesis** |  | | | | | |
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|  | **EXPERIENCE** |
|  | Give the details of “Experience” in the following format:   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **S. No** | **Organization** | **Designation** | **Period (Date)** | | **Duration** | | **Pay Scale** | | **From** | **To** | **Years** | **Month** | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |
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|  | **LIST OF COPIES OF CERTIFICATE ENCLOSED** |
|  | |  |  | | --- | --- | | Sl. No. | Details | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |

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I hereby declare that all the information given above is correct to the best of my knowledge and belief. Also I have carefully checked that the position for which I am applying has been advertised by NIT Silchar. I fully understand that if it is found that any information given in the application is incorrect/false or if I do not satisfy the eligibility criteria at a later date, my candidature/appointment is liable to be cancelled.

Date: Signature of Applicant

**Recommendation / Comments of the present employer with office seal:**

(For employed person of Govt. / Semi Govt. organizations only)

Seal with Date: Signature of Employer