

राष्ट्रीय प्रौद्योगिकी संस्थान नागालैंड NATIONAL INSTITUTE OF TECHNOLOGY NAGALAND

(An Institute of National Importance under Ministry of Education, Govt. of India) **Chumukedima, Nagaland - 797 103**

APPLICATION FORMAT FOR NON-TEACHING POSTS

(Direct / Deputation Recruitment)

NB: Incomplete Applications, Applications without the application fees or without the signature are likely to be rejected.

Affix a passport size color photograph (Self attested)

a.	. ADVERTISEMENT NO. & DATE :						
b.	NAME OF THE POST APPLIED FOR:						
	CATEGORY APPLIED FOR (TICK) (attested copy of certificate to be submitted, except for UR) Details of fees paid and enclosed: Demand Draft/ University Challan No						
	Amount: RsDate:Bank:Branch:						
	Name in full (in block letters):						
3.	Permanent Address (in full):						
	PIN:Contact no.						
4.	Address for communication / Affiliation:						
	PIN:Contact no.						
5.	Aadhar Card No (please enclose a copy)						
6.	Email id:						
7.	Date of birth in Christian era:						
8.	Age on the last date of application:						
9.	Nationality:						
10.	Category (SC/ST/OBC/ DIVYANG(PH) /EX-SER) (Pl. attach copy of certificate):						

Exam Passed Year Pass						Divis /Class	\mathcal{E} \setminus	
Matriculation/ X								
PU/ XII								
TI								
DIPLOMA								
B.A/B.Sc/B.Com								
& equivalent M.A/ M.Sc / M.Cor	n							
& equivalent Others (please specify)								
12. Professional (Qualification	etc. (Pl. encl	ose photo	ocopies):				
Name of the Test/		me of the	Dura		Progran	<u> </u>	Ass	sessment
Training/Certificate	_	anization	Duracion		details		Details	
S.No. Language 1. 2. 3. 14. Details of past		Rea			rite s):		Speak	
post held Ins	ume of the stitution/ ganisation	Duration of Services	Pay band/ band		Temporary/ permanent/ Ad-hoc etc.		Nature of duties	Appreciation/Renarks, pl
15. Present position	on held with	date:						

18. Name of the employer, with address: .					
Pin:Contact no	Email id:				
19. Names of two referees not related to the	ne applicant:				
Name:	Name:				
Dept./Designation:	Dept./Designation:				
Address:	Address:				
Pin:	Pin:				
Contact No:	Contact No:				
Email id:	Email id:				
20. Any Additional information, the candi sheet, if required):	date wishes to provide, if any (Pl. attach additional				
21. For Internal Candidates: Have you ever	been availed one-time Age Relaxation: Yes/No.				
22. Declaration:					
here in and that all the statements made i	I and understood the instructions and regulations referred in this application are true and complete to the best of my ne competent authority can take appropriate action against to be incorrect at any stage.				
	Signature of the applicant:				
Date:	Name in full:				
Place:	Designation/ Department:				
	Address:				
23. Recommendation / Comments of the p (For employed person of Govt. / Semi Gov					
Seal with Date:					

	F ENCLOSURES: (Please attach, copies of certificates, sanction orders, papers etc. essary and referred to)
1	6
2	7
3	8
4	9
5	10
	Signature of the applicant: