###### 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 : ……………………………………..Post No:……………

b. NAME OF THE POST APPLIED FOR:…………………………………………………………

c. CATEGORY APPLIED FOR (TICK) (attested copy of certificate to be submitted, except for UR)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| UR | SC | ST | OBC | EWS | DIVYANG(PH)WD | EX-SER |
|  |  |  |  |  |  |  |

f. Details of fees paid and enclosed: Demand Draft/ University Challan No. ……………………

Amount : Rs……………Date: ………………Bank: ……………………Branch: …………….

1. Name in full (in block letters):…………………………………………………………………

2. Father /Husband Name : ……………………………………………………………………

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: …………………9. Religion:………………………10. Gender ………………

10. Category (SC/ST/OBC/ DIVYANG(PH) /EX-SER) (Pl. attach copy of certificate): …………

11. Details of Academic Qualifications (to be supported by attested photocopies):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Exam Passed | Year ofPassing | Name of theBoard/University | Branch/Specialization | Division/Class | Percentage (%)/CGPA / CPI |
| Matriculation/ X |  |  |  |  |  |
| PU/ XII |  |  |  |  |  |
| ITI |  |  |  |  |  |
| DIPLOMA |  |  |  |  |  |
| B.A/ B.Sc / B.Com& equivalent |  |  |  |  |  |
| M.A/ M.Sc / M.Com& equivalent |  |  |  |  |  |
| Others (pleasespecify) |  |  |  |  |  |

12. Professional Qualification etc. (Pl. enclose photocopies):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of the Test/ Training/Certificate | Name of the organization | Duration | Program details | AssessmentDetails |
|  |  |  |  |  |
|  |  |  |  |  |

13. Proficiency in Languages:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S.No. | Language | Read | Write | Speak |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |

14. Details of past services: (Pl. enclose supporting documents):

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of thepost held | Name of theInstitution/Organisation | DurationofServices | Scale of pay/Pay band/ bandpay/ AGP/ GP/Level of pay as applicable | Temporary/permanent/Ad-hoc etc. | Nature ofduties | If anyAppreciation/Rem arks, pl mention |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

15. Present position held with date: ……………………………………………………………………

16. Present Pay Band, Band Pay and AGP/GP/ Level of Pay: …………………………………………

17. Effective date of present Pay Band, Band Pay and AGP/GP: ………………………………………

18. Name of the employer, with address: ……………………………………………………

……………………………………………………………………………………………

Pin: ……………………Contact no………………………… Email id: ………………………

19. Names of two referees not related to the applicant:

Name: Name: Dept./Designation: Dept./Designation: Address: Address:

Pin: Pin:

Contact No: Contact No: Email id: Email id:

20. Any Additional information, the candidate wishes to provide, if any (Pl. attach additional sheet, if required):

…………………………………………………………………………………………………

……………………………………………………………………………………………………

21. For Internal Candidates: Have you ever been availed one-time Age Relaxation: Yes/No.

22. Declaration:

I hereby declare that I have carefully read and understood the instructions and regulations referred here in and that all the statements made in this application are true and complete to the best of my knowledge and belief. I understand that the competent authority can take appropriate action against me in case any of the information is found to be incorrect at any stage.

 Signature of the applicant: ……………………………

Date: …………………………….. Name in full: ……………………………………

Place: ……………………………. Designation/ Department: ……………………… Address: …………………………………………

……………………………………………………

23. Recommendation / Comments of the present employer with office seal:

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

Seal with Date:

Signature of Employer

23. LIST OF ENCLOSURES: (Please attach, copies of certificates, sanction orders, papers etc. wherever necessary and referred to)

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

Signature of the applicant: …………………………..