

राष्ट्रीय प्रौद्योगिकी संस्थान नागालैंड NATIONAL INSTITUTE OF TECHNOLOGY NAGALAND

(An Institute of National Importance under Ministry of HRD, Govt of India) **Chumukedima, Dimapur**

Chumukedima, Dimapı Nagaland - 797 103

APPLICATION FORMAT FOR ADMINISTRATIVE POSTS

(Direct / Deputation Recruitment)

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

a. ADVERTISEMENT NO. &		Post No:						
b. NAME OF THE POST APP	PLIED FOR:							
c. CATEGORY APPLIED FO (attested copy of certificate to except for UR)	UR	SC	ST	OBC	EWS	PWD	EX-SER	
f. Details of fees paid and encl Amount: RsDat				-				
. Name in full (in block letter	s):							
2. Father / Husband Name:								
3. Permanent Address (in full)	:							
I. Address for communication	PIN : / Affiliation: .				Cont	act no.		
5. Email id:								
6. Date of birth in Christian era	a:							
7. Age on the last date of appli	cation:							
3. Nationality:	9. Religion				10.	Sex:		
1. Category (SC/ST/OBC/EW	S/PWD/EX-SI	ER) (Pl	. attac	h cop	y of cer	tificate)	:	

Exam Passed		Year of Name Passing Board					Branch/ Specialization				Percentage (%)/ CGPA / CPI	
Matriculation/	X											
U/XII												
ΓΙ												
DIPLOMA												
3.A/ B.Sc/ B.C	Com											
z equivalent												
I.A/ M.Sc/ M	.Com											
z equivalent												
Others (please												
pecify)												
	Name of the Test/ Name of the Training/Certificate organisation							Assess Details				
14. Proficien	cy in La	anguages:										
S.No. L	anguage	ge			Read V			Vrite				
1.												
2.												
3.												
15. Details of			•						/ >-		1.70	
Name of the		e of the		ation	Scale o			Temporary/		ture of	If any	
post held		tution/ inisation	GP/Le		pay/ A	GP/ vel of pa	rmanent/ l-hoc etc			Appreci tion/Re arks, pl mention		
16. Present p	osition l	held with d	late:									
1												

1 2 ,							
	Email id:						
20. 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:						
required):	lidate wishes to provide, if any (Pl. attach additional sheet, if						
22. Declaration:							
in and that all the statements made in	d and understood the instructions and regulations referred here this application are true and complete to the best of my he competent authority can take appropriate action against me be incorrect at any stage.						
	Signature of the applicant:						
Date:	Name in full:						
Place:	Designation/ Department:						
	Address:						
23. Recommendation / Comments of the (For employed person of Govt. / Sem	<u> </u>						
Seal with Date:	Signature of Employer						
23. LIST OF ENCLOSURES: (Please attack	ch, copies of certificates, sanction orders, papers etc. wherever necessary)						
1	6						
2	7						
3	8						
4	9						
5	10						
	Signature of the applicant:						