

## राष्ट्रीय प्रौद्योगिकी संस्थान नागालैंड NATIONAL INSTITUTE OF TECHNOLOGY NAGALAND

(An Institute of National Importance under Ministry of Education, Govt. of India)

Chumukedima, Dimapur

Nagaland - 797 103

## **APPLICATION FORMAT FOR THE POST OF REGISTRAR**

a.	ADVERTISEMENT No. & DA	ATE: NIT	`-N/RI	ECT-N	IT/20	023/01	dated 1	4-05-2023		
b.	CATEGORY APPLIED FOR (	`	UR	SC	ST	OBC	EWS	DIVYANO	EX-SER	
	TICK) (attested copy of certificate to be submitted, except for UR)									
c. Details of fees paid and enclosed: Demand Draft										
Amount : Rs										
	N ' C 11 (' 11 1 1 4 )									
1.	Name in full (in block letters):.									
2.	Father /Husband's Name :			• • • • • • • • • • • • • • • • • • • •	• • • • • •	•••••				
3.	Permanent Address (in full):				· • • • • •					
						• • • • • • • •				
		PIN :.			• • • • • •	• • • • • • • •	Cont	act no		
4.	Address for communication:									
		PIN	•				Cor	ntact no		
5	E moil id:									
٥.	E-mail id:									
6.	Date of birth in Christian era:									
7.	Age as on the last date of application:									
8.	Nationality:									
11.	Category (SC/ST/OBC/EWS/ DIVYANG /EX-SER) (Pl. attach copy of certificate):									

Degree / Examination	Year of Passing		Name of the Board/ University		Branch/ Specialization		Divisio / Class		Percentage (%) CGPA / CPI	
2 Taskaiss1 / l	Dungfassi ang LO	1:£:	4:0	o (Di anala	as whatea	ania dulu a				
Name of Exam Passed	University / o Exam Boo	other	Yea	,	bjects	Marks Obt	tained		ith % of mar	
Exam r asseu	Exam Boc	ıy				and full in	IdIKS	COFA	/ CF1	
4. Proficiency	in Languages:									
1.	anguage			Read		Write		Spea	k	
2. 3.										
5. Details of pa	ast services: (Pl	. narrat	te in ch	nronology ar	nd enclose	e supporting	docun	nents):		
Name of the post held	Institution/ Servi		1	tho n	of pay in	Grade Pay/ per		nanent/	Nature of Duties	
	Organisation	From	n To	) the p	ay matrix	Pay Level (7 <sup>th</sup> CPC)		tract/ ure etc.	handled	
6. Total Admi	nistrative Expe	rience:	Years	sN	Month	]	Day			
	ose a write up p		_					-	ned	
indicating the	e period, the org	ganısati	ion, the	e nature of d	uties and	responsibili	ties ha	naied)		

18. Duration / Tenure of the present post held if any.....

19. Present Pay Band/ AGP/GP/ Pay Level	el:effective Date:
20. Whether the post held now from which	ch Deputation is permissible: YES/ NO (√appropriately)
21. Name of the Present employer, with a	
Pin:Contact no	Email id:
22. Names of two referees not related to the	he applicant:
Name:	Name:
Dept./Designation:	Dept./Designation:
Address:	Address:
Pin:	Pin:
Contact No:	Contact No:
Email id:	Email id:
required):	date wishes to provide, if any (Pl. attach additional sheet, if
I hereby declare that I have carefully read a and that all the statements made in this ap and belief. I understand that the compete	and understood the instructions and regulations referred herein oplication are true and complete to the best of my knowledge and authority can take appropriate action against me without opportunity to me in case any of the information is found to be
	Signature of the applicant:
Date:	Name in full:
Place:	Designation/ Department:
	Address:

	Sl. No.	Details of certificates/ Testimonials
signature	e, with out copie	, applications without the prescribed fees or without the es of the testimonials etc. are likely to be rejected.
signature	e, with out copie	
signature	e, with out copie	es of the testimonials etc. are likely to be rejected.
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FORMAT OF NO OBJECTION CERTIFICATE TO BE FURNISHED BY THE CANDIDATE WHO IS ALREADY IN EMPLOYMENT ON REGULAR BASIS., FROM THE EMPLOYER / DULY AUTHORISED OFFICER OF THE APPOINTING AUTHORITY

Certified that Dr./ Mr./ Ms/ Ms	
Spouse of Shri./ Smt./ Dr	is a permanent employee of the
department/ institution / organization	ation
	since years
months and is serving the	post ofin the pay-
level w.e.f	from which Dr./ Mr./ Ms/
Ms	can be sent on Deputation.
The Department/ Institution/ Organisa	ation has no objection if he/ she is appointed in National
Institute of Technology Nagaland on	deputation basis against the post of Registrar as per
advertisement No. NIT-N/RECT-NT	/2023/01 dated 14-05-2023.
DI	CICNATUDE WITH CEAL
Place:	SIGNATURE WITH SEAL
Date:	OF THE HEAD OF INSTITUTION /
	ORGANISATION