

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 THE POST OF STENOGRAPHER

a. ADVERTISEMENT No. & DA			1			1		,
b. CATEGORY APPLIED FOR TICK) (attested copy of certificates submitted, except for UR)c. Details of fees paid and enclose	ate to be	UR d Draf	SC t	ST			DIVYANG	
Amount: RsDate: .		Ba	nk:		•••••	I	Branch:	
1. Name in full (in block letters)								
2. Father /Husband's Name:	• • • • • • • • • • • • • • • • • • • •							
3. Permanent Address (in full):			• • • • • •		• • • • • • • •	• • • • • • •		
			• • • • • • •					
	PIN					. Conta	act no	
4. Address for communication:								
	PIN .	•••••			'	Contac	et no	
5. E-mail id:								
6. Date of birth in Christian era: .				• • • • • •				
7. Age as on the last date of appli	cation:		• • • • • • •					
8. Nationality: 9	9. Religion	(optio	nal)			10	. Gender	
11. Category (SC/ST/OBC/EWS/	DIVVANG	/EV (CED) ('D1 a4		c	: ::::	

	1	1	1	T	T
Degree /	Year of	Name of the	Branch/	Division	Percentage (%)/
Examination	Passing	Board/ University	Specialization	/ Class	CGPA / CPI

12. Details of Academic Qualifications (in chronology and enclose photocopies duly attested):

Examination	Passing	Board/ University	Specialization	/ Class	CGPA / CPI

13. Technical / Professional Qualification etc. (Pl. enclose photocopies duly attested):

Name of Exam Passed	University / other Exam Body	Year	Subjects	Marks Obtained and full marks	Div. with % of marks CGPA / CPI

14. Proficiency in Languages:

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

15. Details of past services: (Pl. narrate in chronology and enclose supporting documents):

Name of the post held Name of the Institution/		Duration of Services		Pay band/ Scale of pay in	Equivalent Grade Pay/	Temporary/ permanent/	Nature of Duties
	Organisation	From To the		the pay matrix Pay Level (7th CPC)		Contract/ Tenure etc.	handled

16. Total Experience: YearsMonthDay	
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(Please enclose a write up pertaining to discharging the administrative functions performed indicating the period, the organisation, the nature of duties and responsibilities handled)

17. Present position held with date:	
18. Duration / Tenure of the present pos	st held if any
19. Present Pay Band/ AGP/GP/ Pay Le 20. Name of the Present employer, with	
	Email id:
21. Names of two referees not related to	the applicant:
	Name: Dept./Designation: Address: Pin: Contact No: Email id: didate wishes to provide, if any (Pl. attach additional sheet, if
and that all the statements made in this a and belief. I understand that the compe	d and understood the instructions and regulations referred herein application are true and complete to the best of my knowledge etent 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:

B: 1. Incomplete applications, applications without the prescribed fees or without the signature, without copies of the testimonials etc. are likely to be rejected. 2. All the tables can be extended/ curtailed suitably considering the necessity.	B: 1. Incomplete applications, applications without the prescribed fees or without the signature, without copies of the testimonials etc. are likely to be rejected. 2. All the tables can be extended/ curtailed suitably considering the necessity.	Sl. No.	Details of certificates/ Testimonials
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