



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. & DATE: NIT-N/RECT-NT/2023/10-02 dated 30-10-2023

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

UR	SC	ST	OBC	EWS	DIVYANG	EX-SER

c. Details of fees paid and enclosed: Demand Draft
Amount: Rs.....Date:Bank:Branch:

1. Name in full (in block letters)
2. Father /Husband's Name:
3. Permanent Address (in full):
.....
... PIN Contact no.
4. Address for communication:
.....
.....
... PIN Contact no.
5. E-mail id:
6. Date of birth in Christian era:
7. Age as on the last date of application:
8. Nationality: 9. Religion (optional).....10. Gender
11. Category (SC/ST/OBC/EWS/ DIVYANG /EX-SER) (Pl. attach copy of certificate):

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

Degree / Examination	Year of Passing	Name of the Board/ University	Branch/ Specialization	Division / Class	Percentage (%) / 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/ Organisation	Duration of Services		Pay band/ Scale of pay in the pay matrix	Equivalent Grade Pay/ Pay Level (7 th CPC)	Temporary/ permanent/ Contract/ Tenure etc.	Nature of Duties handled
		From	To				

16. Total Experience: YearsMonth.....Day.....

(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 post held if any.....

19. Present Pay Band/ AGP/GP/ Pay Level:effective Date:

20. Name of the Present employer, with address (as on the date of application):

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Pin:Contact no..... Email id:

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

Name:

Dept./Designation:

Address:

Pin:

Contact No:

Email id:

Name:

Dept./Designation:

Address:

Pin:

Contact No:

Email id:

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

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23. Declaration:

I hereby declare that I have carefully read and understood the instructions and regulations referred herein 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 without assigning any reason and affording any opportunity to 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:

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24. LIST OF ENCLOSURES: (Please attach, copies of certificates, sanction orders, papers etc. wherever necessary)

Sl. No.	Details of certificates/ Testimonials

NB: 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.

Signature of the applicant: