

**Application Form for the Post of Deputy Registrar**

**Advertisement No. Admn-03/2019, Dated: 18/06/2019**

**Passport size Coloured Signed Photograph**

**To**

**The Registrar**

**National Institute of Technology**

**Hamirpur (HP)**

**Pin-177005**

**Notes:-**

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| **Post Applied for** | **Fee Details** | |
| **Deputy Registrar**  (On Direct Recruitment) | Amount & Date |  |
| Name of Bank |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name in Full (in Capital Letters) | |  |
|  | Father’s/Husband’s Name | |  |
|  | Mother’s Name | |  |
|  | Date of birth  (please attach true copy of certificate) | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | Day |  | Month |  | Year | |
| Age on 31/07/2019 | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | Year |  | Month |  | Day | |
|  | a) Marital Status : Married/Unmarried | |  |
| b) Gender: | |  |
|  | a) Permanent Address | | b) Correspondence Address |
| Phone (with STD code): Mobile No.: |  | E-Mail: |
|  | Nationality | |  |
| Religion | |  |
|  | Were you at any time declared medically unfit; asked to submit your resignation; discharged or dismissed from Govt. / PSU /Autonomous Body or Private Service? If yes, give details in a separate sheet. | |  |

1. **EDUCATIONAL QUALIFICATION:**

(Please attach self attested photocopies of variousDegrees/ Certificates/ Mark sheets)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **S. No.** | **Qualification**  **Degree/**  **Certificate** | **Stream/ Specialization** | **% Marks/ CGPA** | **Division** | **Month & Year of passing** | **University/ Institution/ Board** | **Remarks**  **(If any)** |
|  | **SSC (10th)** |  |  |  |  |  |  |
|  | **HSSC (12th)/ Diploma** |  |  |  |  |  |  |
|  | **UG** |  |  |  |  |  |  |
|  | **PG** |  |  |  |  |  |  |
|  | **Ph.D.** |  |  |  |  |  |  |

1. **Details of employments:**
2. **Academic Experience:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Position/Designation** | **Name of Institution** | **From** | **To**  **Till date** | **Total** | | **Pay & Pay Scale** |
| **Years** | **Months** |
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1. **Educational Administration:**

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| **Position/Designation** | **Name of Institution** | **From** | **To**  **Till date** | **Total** | | **Pay & Pay Scale** |
| **Years** | **Months** |
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1. **Administrative Experience:**

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| --- | --- | --- | --- | --- | --- | --- |
| **Position/Designation** | **Name of Institution** | **From** | **To**  **Till date** | **Total** | | **Pay & Pay Scale** |
| **Years** | **Months** |
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1. **Desirable Qualification and Experience:**
2. **Qualification in area of Management / Engineering / Law:**

(Please attach self attested photocopies of variousDegrees/ Certificates/ Mark sheets)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **S. No.** | **Name of Degree / Diploma** | **Specialization** | **% Marks/ CGPA** | **Division** | **Month & Year of passing** | **University/ Institution** | **Remarks**  **(If any)** |
|  |  |  |  |  |  |  |  |
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1. **Experience of working in E-office system:**

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| --- | --- | --- | --- | --- | --- | --- |
| **Position/Designation** | **Name of Institution** | **From** | **To**  **Till date** | **Total** | | **Pay & Pay Scale** |
| **Years** | **Months** |
|  |  |  |  |  |  |  |
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1. **Additional Chartered or Cost Accountant Degree or Diploma :**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **S. No.** | **Qualification**  **Degree/**  **Certificate** | **Specialization** | **% Marks/ CGPA** | **Division** | **Month & Year of passing** | **University/ Institution/ Board** | **Remarks**  **(If any)** |
|  | **Chartered Accountant** |  |  |  |  |  |  |
|  | **Cost Accountant** |  |  |  |  |  |  |

1. **Did you previously apply for any post in this Institute? If yes, give particulars:**

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**DECLARATION**

“I hereby declare that I fulfill the eligibility conditions to the post and that the statements made by me in the form are true, complete and correct to the best of my knowledge and belief.”

**Place:…………………………… Signature of Applicant**

**Date……………………………… Name………………….**

**………………………………………………………………………………**