

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 NON-TEACHING POSTS (Direct / Deputation Recruitment)

Affix a passport size color photograph (Self attested)

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

a.	ADVERTISEMENT NO. & DATE :					Ро	st No:	
b.	NAME OF THE POST APPLIED FOR:							
	CATEGORY APPLIED FOR (TICK) (attested copy of certificate to be submitted, except for UR) Details of fees paid and enclosed: Demand	UR Draft/	SC Unive	ST rsity (OBC Challan	EWS No	PWD	EX-SER
	Amount : RsDate:			•				
1.	Name in full (in block letters):	•••••						
2.	Father /Husband Name :							
3.	Permanent Address (in full) :							
4.	PIN : Address for communication / Affiliation:				Cont	act no.		
	PIN :				Con	tact no.		• • • • • • • • • • • • • • • • • • • •
5.	Aadhar Card No (please en	nclose	a copy	/)				
6.	Email id:							
7.	Date of birth in Christian era:							
8.	Age on the last date of application:							
9.	Nationality:9. Religion:				10. 0	Gender		
10.	Category (SC/ST/OBC/PWD/EX-SER) (Pl	l. attac	h copy	y of ce	ertificat	e):		

11. Details of Academic Qualifications (to be supported by attested photocopies) :

Exam Passed	Year of	Name of the	Branch/	Division	Percentage (%)/
	Passing	Board/University	Specialization	/Class	CGPA / CPI
Matriculation/ X					
PU/ XII					
ITI					
DIPLOMA					
B.A/ B.Sc / B.Com					
& equivalent					
M.A/ M.Sc / M.Com					
& equivalent					
Others (please					
specify)					

12. Professional Qualification etc. (Pl. enclose photocopies) :

Name of the Test/ Training/Certificate	Duration	Program details	Assessment Details

13. Proficiency in Languages:

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

14. Details of past services: (Pl. enclose supporting documents):

Name of the post held	Name of the Institution/ Organisation	Duration of Services	Scale of pay/ Pay band/ band pay/ AGP/ GP/Level of pay as applicable	Temporary/ permanent/ Ad-hoc etc.	Nature of duties	If any Apprecia tion/Rem arks, pl mention

15. Present position held with date:

16. Present Pay Band, Band Pay and AGP/GP/ Level of Pay:

17. Effective date of present Pay Band, Band Pay and AGP/GP:

18.	Name of the employer	, with address:			
I	Pin:	Contact no	Ema	ıil id:	

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

Name:
Dept./Designation:
Address:
Pin:
Contact No:
Email id:

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

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- 21. For Internal Candidates: Have you ever been availed one-time Age Relaxation: Yes/No.
- 22. Declaration:

I hereby declare that I have carefully read and understood the instructions and regulations referred here in 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 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:

23. Recommendation / Comments of the present employer with office seal: (For employed person of Govt. / Semi Govt. organizations only)

Seal with Date:

23. LIST OF ENCLOSURES: (Please attach, copies of certificates, sanction orders, papers etc. wherever necessary and referred to)

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Signature of the applicant: