** NATIONAL INSTITUTE OF TECHNOLOGY RAIPUR**

 **(Institute of National Importance)**

 **G.E. Road, Raipur – 492010**

**Application for the Post of……………………………………………………………………**

**1)Advertisement No: NITR/ R-1/Advt./1387 Advt. Date: 05/09/2017**

**Note: Prospective candidates are advised to study the Instructions carefully and then fill up the application in all respects. No column should be left blank. Incomplete application will be rejected. Attach additional sheets, if required. However, information given must be precise to the point.**

**2) Fee Remittance**

**Bank / Place :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DD No \_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

3) Name of Applicant : : …………………………………………………………………

(Affix recent passport size color photograph duly signed by applicant)

 **(in full capital)**

4) Father’s Name : …………………………………………………………………

a) Spouse Name : …………………………………………………………………

5) Mother’s Name : …………………………………………………………………

6) Age : Year……………..Month…………….. Days……………

 **( As on last date of receipt of application)**

7) Date of Birth :

|  |  |  |
| --- | --- | --- |
| **Day** | **Month** | **Year** |
|  |  |  |

8) Nationality : …………………………………………………………………

9) Religion : …………………………………………………………………

|  |  |  |  |
| --- | --- | --- | --- |
| Male |   | Female |   |

10) Gender :

11) Marital Status : …………………………………………………………………

**Signature of Applicant**

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12) Address

|  |  |
| --- | --- |
| For Communication | Permanent |
|   |   |
| State: Pin: | State: Pin: |

Phone (R) :………………………………... E-mail :………………………………...

Phone (O) :………………………………... Mobile :………………………………...

13) Category

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SC\* |   |  | OBC\* |   |
|  |  |  |  |  |
| ST\* |   |  | UR |   |

(Put √ marks)

**(\*Attach a certificate from the competent authority prescribed by the Government of India)**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |   | No |   |

 14) Whether Physically Challenged (Put √ marks)

If yes VH [ ] OH [ ] Disability………………… (%)

**(\*Attach a certificate from the competent authority as prescribed under government rules)**

15) Educational Qualification (10th Std onwards) (Attach self-attested copies)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sr. No | Examination/Degree | Board/University | Subjects | Month and Year of Passing | Percentage/Division | Marks Obtained/Total Marks |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
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|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |

**Signature of Applicant**

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16. Experience (Attach self-attested copies)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Sr. No.  | Organization | Designation | Duration | Pay Scale & Grade Pay | Total Emoluments | Permanent/Temporary/Contract | Length ofService in  Years &  Months  |
| From | To |
|   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |

17) Present employment

Name of the Organization : ……………………………………………………

Post Held : ……………………………………………………

Date of Appointment : ……………………………………………………

Whether Permanent / Contract : ……………………………………………………

Temporary/ or on Probation : ……………………………………………………

Pay Band and Grade Pay/ Consolidated Pay : ……………………………………………………

Length of Service : ……………………………………………………

Whether State / Central : ……………………………………………………

Government / PSU /Private : ……………………………………………………

18) Other Information: Refresher/Orientation Courses/Training, FDP/.Conferences/Workshop, etc., attended (Please attach sheets if required)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sr. No. | Title of programme &Name of Sponsor  | Institution in which attended | Year | Duration of Programme |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Signature of Applicant**

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19.) Knowledge of languages

|  |  |  |  |
| --- | --- | --- | --- |
| Language Speak  | Read | Write | Ability to Speak fluency |
|   |   |   |   |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

20. Character & Antecedents Report

|  |  |
| --- | --- |
| **Subject** | **Remarks** |
| Have you ever been subject to any disciplinary action? If so give full details |   |
| Have you ever been dismissed/suspended from service/employment, if so please give full details |   |
| Were you involved in any criminal case? If yes, give full details |   |
| Is any criminal case pending against you in the court? If yes, give full details |   |

21. Names and Addresses of minimum two Referees (including e-mail/phone)

 (All of them should be familiar with your Academic/Professional work)

|  |  |
| --- | --- |
| **Name and Address** | **Name and Address** |
|  |  |
| **Phone No.** | **Phone No.** |
| **E-mail:** | **E-mail:** |

22. List of enclosures:

01)……………………………………………………………….

02)……………………………………………………………….

03)……………………………………………………………….

04)……………………………………………………………….

05)……………………………………………………………….

**Signature of Applicant**

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06)……………………………………………………………….

07)……………………………………………………………….

08)……………………………………………………………….

09)……………………………………………………………….

10)……………………………………………………………….

11)……………………………………………………………….

12)……………………………………………………………….

13)……………………………………………………………….

14)……………………………………………………………….

15)……………………………………………………………….

**DECLARATION**

I hereby declare that I have carefully read and understood the instructions and particulars supplied to me, and that all entries in this form, as well as, in attached sheets are true to the best of my knowledge and belief. At any stage if any of the information furnished by me is found to be false or incorrect, suitable action may be taken against me. If selected, I promise to abide by the rules and regulations of NIT Raipur.

**Candidates applying for the post of *Deputy Registrar* only needs to feel up the following part of declaration**

**I ………………………….……………………………….. (name) wish to apply for …………………………………………………………… (only regular OR only contract/deputation OR both)post of Deputy Registrar.**

Date: Signature:

Endorsement of the present employer Signature of the Employer

(if already employed). Name:

Office seal with date: Designation:

**Signature of Applicant**

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