**राष्ट्रीय प्रौद्योगिकी संस्थान रायपुर** NATIONAL INSTITUTE OF TECHNOLOGY RAIPUR

 **Phone:** (0771) 2254200

 **Fax:** (0771) 2254600

 **Email: director@nitrr.ac.in**

 **Website:** [www.nitrr.ac.in](http://www.nitrr.ac.in)

 **(**Institute of National Importance)

 G. E. Road, Raipur- 492010 (C.G.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| AttachPassport SizeSelf attestedPhotograph |

 **APPLICATION FORM**

ADVT. NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATED \_\_\_\_\_\_\_\_\_\_\_\_

POST APPLIED FOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TITLE OF PROJECT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

..

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| 1 | NAME OF CANDIDATE (in Block letter):  |  |
| 2 | DOB: |  |
| 3 | AGE AS ON CLOSING DATE OF THE APPLICATION: DAYS/MONTH/YEAR  |  |
| 4 | CORRESPONDING ADDRESS:(With mobile number and e-mail) |  |
| 5 | FATHER’S NAME: |  |
| 6 | SC/ST/OBC/GENERAL:  |  |
| 7 | QUALIFICATION (High School onwards) (Attach Certificates):

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sl. No. | Name of Examination | Board/University | %Marks/CGPA | Year | Division/ Grade |  |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |

 |  |
| 8 | WORK EXPERIENCE (IN DETAIL) (Attach Certificate also) |  |
| 9 | PUBLICATION (If any) (Attach a copy): |  |
| 10 | GATE/ NET (if any) : Qualified (Yes/No):Score: \_\_\_\_\_\_\_\_\_\_\_ Rank:\_\_\_\_\_\_\_\_ Specialization: \_\_\_\_\_\_\_\_\_\_\_ Year:\_\_\_\_\_\_\_\_\_\_ |  |
| 11 | Any Other Relevant Information: |  |

I understand that it is a contractual engagement on purely temporary basis for the Project. I declare that the above particulars are correct to the best of my knowledge and belief. I understand that action can be taken against me if these are found to be incorrect.

Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of candidate

\****Please enclose relevant self attested certificates***