

NIELIT, Chandigarh

Application Form for the post of Senior / Junior Faculty for DREAM Centre of NCPUL

(PLEASE FILL IN CAPITAL LETTERS ONLY)

Post Applied For _____ (Senior/Junior)

State Applied For _____ (Uttar Pradesh/ Bihar/Delhi/Jharkhand)

PASTE YOUR
RECENT
PASS- PORT SIZE
PHOTOGRAPH
HERE

| | | | |
|----------------------------|-------|-------------------|--------------|
| Name of the Candidate: | Mr/Ms | | |
| Father's Name: | | | |
| Date of Birth(DD/MM/YYYY): | | Sex (Please tick) | Male /Female |
| Res. STD & Phone No. | | Mobile No. | |
| Nearest Fax No:(with STD) | | | |
| Email:-- | | | |
| Aadhar No. | | | |

Corresp. Address: _____ _____ _____
State: _____

Tehsil: _____ District: _____ Pin: _____

Permanent Address _____

Educational Qualifications

| S.No. | Qualification | Qualification Name | University Name | Year of Passing | Percentage / Grade |
|-------|---------------------------------------|--------------------|-----------------|-----------------|--------------------|
| 1 | Graduation | | | | |
| 2 | PGDCA/O/A / B-Level | | | | |
| 3 | 10+2 / 3 years Polytechnic Diploma | | | | |
| 4 | MCA/M.Sc (CS/IT) B.Tech (CS/IT) | | | | |
| 5. | CAM /DTP Diploma | | | | |

Registration Fees Rs 500/- Demand Draft Number: _____ dated: _____ in favour of
Director, NIELIT Chandigarh Bank _____ payable
at Chandigarh.

Are you enrolled in any other Diploma /Degree at present? If Yes, give details as under:-

| S.NO. | Diploma / Degree | University Name | Expected Month & Year of Completion |
|-------|------------------|-----------------|-------------------------------------|
| 1 | | | |
| 2 | | | |

Have you ever worked in DREAM Centre (Y/N)?

If yes, then give particulars below:-

| | | | |
|--------------|--|-------------------|--|
| Centre Code | | Centre Name | |
| District | | State | |
| Designation | | Joining Date | |
| No of Years | | STD+Phone | |
| Mobile No | | Nearest Fax No. | |
| Joining Date | | Date of Relieving | |

If previously employed in any other organization, please fill in below given columns

| | | | |
|----------------------------|--|-------------------|--|
| Organization | | | |
| District | | State | |
| Designation | | STD+Phone | |
| Mobile No | | Nearest Fax No. | |
| Joining Date | | Date of Relieving | |
| Any Knowledge of Hardware | | | |
| Knowledge of Urdu Language | | | |

Order of preference for DREAM NCPUL Centres

| Pref. no. | Centre Code | Name of the Center | State | District | Distance of your Residence from DREAM Centre (in km) |
|-----------|-------------|--------------------|-------|----------|--|
| 1 | | | | | |
| 2 | | | | | |

Date :

Signature of the Candidate: