NIELIT, Chandigarh

Application Form for the post of Senior / Junior Faculty for CABA – MDTP Main Centre of NCPUL

Post Applied For	(Senior/Junior)
(PLEASE FILL IN CAPITAL LETTERS ONLY)	

Name of the					
Candidate					
(As on Matriculation					
Certificate					
Father's Name:					
rather sivanic.					
Date of Birth					
(DD/MM/YYYY):					
Gender	Male Fema	ale Age as on		Affix Recent Passport S	ize
		11-7-2021	M 4 D	Photograph here	ILC
(Please tick)		Years	Months Days	Thotograph here	
(Please attach self-	attested copy of Mat	riculation Certificate, and A	adhar Card .)		
•			·		
Aadhar No.					
Whether Particu	lars in Aadhar Car	d are exactly		-	
matching with de	etails as Matricula	d are exactly tion Certificate (Y/N)			
PAN					
Mobile No.					
Email:-					
Ziiidii.					
Correspondence	e Address:				
Correspondence	<u></u>	<u>_</u>			
				Tehsil:	
·					
District:		State:		Pin Code:	
Dormonant Add	***				
rermanent Add	1ess				
Educational Qualifications (Please attach self-attested copies of relevant certificates and mark sheets)					
	lification	Qualification Name	University Name		 ′
5.110. Qua	mication	Quantication Name	omversity Name		,

S.No.	Qualification	Qualification Name	University Name	Year of	Percentage
				Passing	/ Grade
1	10 (Matriculation)				
2	10+2 (XII)				
3	Graduate Degree				
4	PGDCA				
5	Post Graduate Degree				
6	NIELIT 'O'/ 'A'/ 'B' Level				
7	CABA-MDTP / CAM-DTP				
8	Any Other				

	plication Fee details of Rs 350/-: UTR No. (RTGS/NEFT) me of Bank:				Date:	
			7854005900000019, II	FSC : PUNB0	040800)	
Are y	ou enrolled in	n any other Diploma	/Degree at present? I	f Yes, give de	tails as und	er:-
S.NO	. Dip	loma / Degree	Universi	University Name		pected Month & ar of Completion
1						•
2						
Have y	ou ever work	ed in NCPUL Centre	through NIELIT (Y/	N)?		
If yes,	then give par	ticulars below: -				
Centr	re Code		Centre Name			
Distri	ict		State			
Desig	nation		Duration in Mor	Duration in Months/ Years		
Joinir	ng Date		Date of Reliev	Date of Relieving		
Detail	l about releva	nt Post Qualification	n experience (If any) (Please attac	ch self-att	ested certificates)
Orga	nization					
Distri	ict		State			
Desig	nation		STD+Phone			
Mobil	le No		Email address	Email address of organization		
Joinir	ng Date		Date of Relie	eving		
Any I	Knowledge of	Hardware				
Know	ledge of Urd	u Language				
Orde	r of preference	ce for CABA-MDTI	P NCPUL Centres			
Pref.	Centre Code	Name of	the Centre	State	District	Distance of your Residence from CABA DTP Centre (in Km)
)						

I hereby declare that the details furnished above are true and correct to the best of my knowledge, belief and nothing has been concealed thereof. In case the above information is found to be false then I may be held liable for it.

Date: Place:

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