राइ.सू.मौ.सं NIELIT<u>National Institute of Electronics & Information Technology, Chandigarh</u>

Birla Farms, Bada Phull, Rupnagar(Ropar)-140001, Punjab

Website : www.nielit.gov.in/chandigarh/recruitments

For Office Use Only

Advt-No: FMG-02/01-2025

App. Sr. No. _____

Receipt Date :____

Application Form (To be filled in CAPITAL letters)

(Candidates are advised to go through the Eligibility criteria & Instructions carefully)

Please affix your passport size **latest** self signed coloured photograph here

Post Applied For (Separate form to be filled for each post. Leave one column blank after each word)

																							└───			
																							L		-	
Place	e of	de	ploy	/me	nt ((Sep	bara	ate fo	orm t	o be	fille	d fo	r ead	ch po	ost. I	Lea	ave o	ne c	olun	nn b	lank	c afte	er ea	ich v	vord	1)
				L .						_					_		<u> </u>									
Nam	e o	t th	e Ca	and	Idate	e (L	.ea\	/e oi	ne co	lumi	n bla	anka	after	eac	h wo	ord)	1							-	
																								_		
Fath	or'e	Nr	mo	(1)					n bla	nk o	ftor	000	h wo	I I		t n	rofiv	Sh	or M		Mr					
	513			([lave		5 00	Jum				eau	IT WO			πp									<u>(,)</u>	
Date	of	Birt	h (D	D/N	/M/\	/YY	Y)																1			
						1	/							1												
		/ T :	- I - I -						-)					-												
Geno			JK T	ie r	1			ium	1)		_+-				T/0	A / F		\\								
Mal		. fo						(1.4									D/oth									
Addr	ess			rres	pon	aer	ice	(Le	ave c	ne c	olur	nn r	Diank	ante	er ea	ICN	word	1):-		-	-			1		
							_									_				_	_				_	
Teł	nsil	=																								
Dist	riot	_																								
DISI	Incl	-																								
Sta	ate :	=															Pin Code									
																	Code	•						<u> </u>		
Aadh	aar	Nun	nber												PAN	Nur	nber						Т			
Emai	il-id														1 1											
							1					000	dline			N	umb	or								
STD		ue			<u> </u>							_an		5 P.U	lone	IN	amp	er		Т				T		
Mobi		ho	ne l	NO(s).									r		-		r								
1)																									
2)																						_			
								011-				al a (A 11											L		
Educ	cati	ona	II QU	Jalit	icat	ion	- 1	Uth	class	son	war	ds (Atta				copi	es o	the	cer		ates)	: -			
Sr.								Nam	e of t	he B	oard	17			egula ours											
No.		Qu	alific	atio	n			Name of the Board / niversity / Institution				Course (Yes/No)		Y	Year of Passing		q	% Age / Grade								

Sr. No.	Qualification	Name of the Board / University / Institution	Course (Yes/No)	Year of Passing	% Age / Grade
1	Matric/Class 10				
2	Class 12				
3					

4			
5			

Other skills, if any:

SN.	Type of skill	Yes/No	Institute from where acquired	Duration of skill
1				
2				

Brief description of requisite post qualification experience (Attach attested copies of the exp. certificates):

SN.	Name of the organization	Name of the post held	Date From (DD/MM/YY)	Date To (DD/MM/YY)	Total Duration (Yrs / Mths)	Brief description of duties
1						
2						
3						

(Please attach separate sheet, if required)

Total Experience in years & months:

Verification :

- 1. Certified that I am not involved in any criminal activity and no criminal case is pending against me in any court of law in India and my services have never been terminated by any institution Govt./Private on any account.
- 2. If at any time, it is found that I have given incorrect or manipulative information/documents then my services are liable to be terminated without giving any notice or compensation.
- 3. I have satisfied myself regarding my eligibility with regards to the prescribed essential qualification, post qualification experience, if any, age etc. required for this post.
- 4. Certified that all the information furnished above by me is correct to the best of my knowledge and nothing has been concealed therein.

Place:	Date:	(Signature of the Candidate)
--------	-------	------------------------------

(Note: Please write your name & post in Capital letters and mobile number on the back of bank draft/pay order)

DD / PO Amount :	DD / PO/ POS Number :				
Bank Name:	DD / PO / POS Date :				
DD / PO Issuing:					
branch address :					

_____ (For office use only)

Application Form & Testimonials checked by :-

Name : _____ Date : _____ Date : _____