Application Form

| s | ECTION-A (For office use only) | Receipt No | Dated |
|-------|--|--|--|
| F | ee Deposited : Rs | Mode of Payment(DD) | |
| 0 | DD NoDD Date | Issuing Bank Name : | Sig. of Recv.Officer |
| | ON-B (To be filled by candidate) use tick √ wherever required) | Post ap | pplied for : |
| Perso | onal Details(Fill in CAPITAL Letters | only): | |
| 1 | | | Paste affix recent passport size |
| 2 | . Father's/ Husband's Name: | | photograph |
| 3 | . Aadhar Number: | | |
| 4 | . Date of Birth (DD/MM/YYYY): | // | |
| 5 | . Sex: | Male () Female () 6. Cate | gory : |
| 6 | . Mobile Number : | Alternate Numb | er(if any): |
| 7 | . Nationality: | | |
| 8 | . Whether physically handicapped: | Yes () No () | |
| g | . Place of birth: | (Gi | ve place of birth with name of District and State) |
| 1 | 0. Candidate's Mother tongue: | | |
| 1 | 1. Name of other language(s) (Separate | with a comma, if entering more than one) | |
| | (a) Read | | |
| | (b) Write | | |
| | (c) Speak | | |
| 1 | 2. Phone Number (Land Line): | (wit | th STD code) |
| 1 | 3. E-mail ID : | | |
| 1 | 4. Address for correspondence: | | |
| 1 | 5. Permanent Address: | | |

16. Details of Educational Qualifications (as on date of advertisement)

| Exam Passed | Board/ University Name | Year of passing | Division /Grade | Aggregate % Marks Obt. (upto decimal of two digit) | Subjects | Remarks (Distinction, if any) |
|-----------------------|---------------------------|-----------------|--------------------|---|----------|----------------------------------|
| 10 th | | | | | | |
| 10+2/12 th | | | | | | |
| Graduation*() | | | | | | |
| P.G.* () | | | | | | |

Professional Qualifications :

| Exam Passed | Degree/ Diploma Name | Board/ University Name | Division /Grade | Specialization | Remarks |
|-------------|-------------------------|---------------------------|--------------------|----------------|---------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

- 17. Whether worked in Central/State Govt. department:
- 18. Details of Experience:

(Total Experience:yearsmonths)

Yes () No ()

| From | То | Post/Designation Held | Organization/Office Name with address, contact details etc. | Total emoluments | Nature of job |
|------|----|-----------------------|---|------------------|---------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

 * in chronological order (starting from current to last four employers)

19. Details of Computer Proficiency:

| Operating System | าร | Databases | Tools/Packages | Languages | Web Technologies |
|------------------|----|-----------|----------------|-----------|------------------|
| | | | | | |
| | | | | | |
| | | | | | |

20. Give details of any of other work/ achievement relevant to the post applied for:

(done after leaving the College)

21. Names and Office addresses of two persons to whom reference could be made:

| Name | Rank/Designation with Department/Office Name | Address | E-mail | Mobile/ Ph. No. |
|------|---|---------|--------|-----------------|
| | | | | |
| | | | | |

22. Time needed to join the service, if selected: _____

23. Other particulars, if any : _____

DECLARATION

I hereby declare that:

(1) The entries made in this application form are true and correct to the best of my knowledge and belief. If any part of the information given is found to be false or incorrect, I shall forfeit the claim to the post and will be liable to the disciplinary action.

(2) I have not been convicted by a Court of Law for any offence.

(3) I have not indulged in any of the acts of misconduct such as participating in gherao of any educational authority, whether academic or administrative, manhandling or abusing such authority or damaging any building or other property.

(4) I understand that the 'post applied for' is purely on contract basis for 01 year and the aforesaid post do not carry any entitlement for regularisation in future.

(5) I shall abide by the ordinances, statutes, rules and regulations that may be made by NIELIT time to time.

| Date: | | (Signature of applicant) | | | | |
|-----------------------|---|--------------------------|--|--|--|--|
| Place: | | Name of applicant: | | | | |
| | | | | | | |
| List of enclosures: 1 | 2 | 3 | | | | |
| 4 | 5 | 6 | | | | |