

## National Institute of Electronics and Information Technology, J&K (Formerly DOEACC Centre Srinagar/Jammu) SIDCO Electronics Complex, Old Airport Road, Rangreth-Srinagar-191132 (J&K) New Campus, University of Jammu, Dr. B.R. Ambedakar Road, Jammu-180005

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	<u>Ap</u>	plication form a	gainst Advt	NoNIE	LIT for the pos	ition of	
Appl Rece	Office Use ication Sno ipt Dt  Post Applied fo	Instructions of	Application Form (To be filled in CAPITAL letters) (Candidates are advised to go through the Eligibility criteria & Instructions carefully before applying separately for each post)				
	PP	(Separate form	to be filled fo	or each pos	t.)		
Name of the Candidate			Father's Name				
Date of Birth (DD/MM/YYYY)				Permanent	Address		
Mobile No.				Email ID:			
Corres	spondence Address						
2. S. No	Г		University	SS onwards (A	(Attach self-atter	Document Attached*	
<u> </u>						Mark sheet	Certificate
		sted documents for qualifications		·		evn certificate	e)·
	Name of Organization	Name of the Post Held	Date From (DD/MM/YY)	Date t	o Total Duration		iption of Duties
2							
3							
	Existing EPF UAN	ars & months:	cant (if any) :				

6. PAN Number : \_\_\_\_\_

## 7. Documents to be attached (self-attested):

- a. 10th Class certificate (Date of Birth Proof).
- b. Valid identity proof (PAN Card/Driving License/Voter ID Card/ Aadhaar etc.)
- c. All qualification related mark sheets/degree and diploma

## 8. 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.

Note: Please write y	our name & post in Cap	ital letters and mobile number on the back of bank draft/pay
DD / PO Amoun	t:	DD / PO/ POS Number :
Bank Name:		DD / PO / POS Date :
DD / PO Issuing		Signature of POS Operator :
branch address:		

	For Office	Use Only					
Application Form, eligibility & original testimonials checked by :-							
Name:	Signature :	Date:					