

राष्ट्रीय इलेक्ट्रॉनिक्स और सूचना प्रौद्योगिकी संस्थान , भुवनेश्वर National Institute of Electronics & Information Technology, Bhubaneswar

An Autonomous Scientific Society under the administrative control of Ministry of Electronics & Information Technology (MeitY), Government of India Office: 3rd Floor, North Side, OCAC Tower, Acharya Vihar, Bhubaneswar, Odisha-751013

| 1. | Position applied | for: | | | Photo | | | |
|-----|--|-------|--------------|--------|-------|--|--|--|
| 2. | Name in full: (in Block Letters) | First | Middle | Last | | | | |
| 3. | Father's/Husband's | Name: | | | | | | |
| 4. | (a) Date of Birth (in figure): | | | | | | | |
| | (b) Age as on: | | Years | Months | Days | | | |
| 5. | Gender (Male/Female /Other): | | | | | | | |
| 6. | Marital Status: Married /Unmarried/ Divorcee etc. (Strike out whichever is not applicable) | | | | | | | |
| 7. | Mobile No: | | , Email ID: | | | | | |
| 8. | Nationality: | | | | | | | |
| 9. | Address for Correspondence <u>:</u> | | | | | | | |
| | | | | | | | | |
| | | | | Pin C | ode: | | | |
| 10. | Permanent Address | 5: | | | | | | |
| | | | | | | | | |
| | | | | Pin C | ode: | | | |
| 11. | (a) Mobile No | | (b) Email ID | | | | | |

12. Particulars of all examination passed and degree and technical qualifications obtained commencing from School Board or equivalent examination: (Please attach separate sheet, if required)

| Examination/ Degree | University/Board | Passing Year | % age of marks | Subjects |
|------------------------|------------------|--------------|----------------|----------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

13. Experience: (Please attach attested copies of the experience certificate) (Please start with Latest)

(Please attach separate sheet, if required).

| Name of employer | Post held | Period | | Last Salary | Nature of Work / duties |
|------------------|-----------|--------|----|-------------|-------------------------|
| Name of employer | | From | То | Drawn | Nature of Work / duties |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Total Experience in Years and months: _____

14. Working knowledge of computer: (Yes/No):

15. Payment Details: DD/UTR Amount :

Bank Name:

DD/UTR No :

DD/UTR Date:

- 16. Any Other relevant info:
- 17. Documents to be attached

i) Marksheet of Class X. ii)Marksheet of Class XII. iii) Qualification Degrees / Certificates & Final consolidated Mark sheet clearly mentioning aggregate percentage or CGPA as per requirement for the post applied. If in case CGPA is awarded by the University instead of percentage then CGPA TO % conversion formula certificate issued by the concerned University is also required.

iv) Self-attested experience certificates (including the Experience letter from the current place of working)

v) Last three-month Payslip or Bank Statement of last three months showing salary credited.

- vi) Date of Birth Certificate
- vii) Aadhaar Card
- viii) Resume of the candidate

Undertaking:

- I. I have gone through the "Term & Conditions" provided in the website link and shall abide by the same.
- II. It is also certified that all the information furnished above by me is true, complete, and correct to the best of my knowledge and belief.
- III. I have submitted only one application for this position.
- IV. Further, I have never been debarred by any organization for any illegal activity during my education / service.
- V. I understand that in the event of any information found false /incorrect /suppressed or any ineligibility being detected before or after the test/interview/selection, my candidature is liable to be canceled/my services are liable to be terminated and no correspondence will be entertained by NIELIT in this regard.
- VI. I understand that NIELIT has the right to accept or reject the application without assigning any reason thereof. NIELIT has full right not to fill any vacancy advertised through this mode.

Place:

Name:

Date:

Signature:

-For Office Use Only-

Place: Date: Signature and Name of Verifying Officer

Remarks/Comments: