NIELIT Centre, Delhi

2nd Floor, Parsvnath Metro Mall, Inderlok Metro Station, Delhi-52
Tel: 011-23644849, 23644149,23655083   Mobile: +91-8447795337
Performa Application Form empanelment as Faculty, Lab Assistant

Detail of Registration fee of Rs. 600/-

Receipt No:_____ Dated_____Signature of Accounts Assistant_____

Paste your photo here

Note: All information are mandatory and should be filled in capital letters

Post Applied For:

Post Name (Pl. tick the appropriate box)	Senior Faulty (IT)	Junior Faculty (IT)	Junior Faculty (Soft Skills)	Lab Assistant

Name of the Candidate   :---

Aadhar Id No.

:

Father's Name   : --

Mother's Name   : ---

Date of Birth (dd/mm/yyyy)   :---

Permanent address

Contact Address (In Delhi)

Landline No: **Landline No:**

Mobile No: **Mobile No:**

Email id:_____

Educational Qualification 10th class onwards (Attach self attested copies of certificates):

S. No.	Qualification/ Degree/ Diploma	Name of University /Institution	Year of Passing	%Age/Grade	Document attached **(Y/N)	
					Mark sheet	**Certificate**
1.						
2.						
3.						
4.						
5.						

Technical Skills (with year of experience):

Sr. No.	Area /Subject*	Experience as faculty	Experience as Developer	Level of Expertise		
				Beginner	Intermediate	Advance
1	Java					
2	.Net					
3	Cloud Computing					
4	PHP					
6	Information Security					
7	CCNA					
8	Android					
9						
10						

* Others pl. specify

Brief Description of experience (Start with your latest job):

S. No.	Name of Organization Worked in.	Dura-tion	Period		Brief Description of duties	Tools & Languages used	Experience certificate attached **(Y/N)
			From	To			
1.							
2.							
3.							

**All the supporting attested documents for qualification and experience are mandatory to attach.

Total Experience in years & months:

Certified that all the information furnished above by me is correct to the best of my knowledge.

The registration fee of **Rs.600**/- is non-refundable.

Place: **Signature of candidate**

Date: **Name of Candidate**

-For Office Use Only-

Signature and Name of Verifying Officer:

Place:

Date: