Form	No.		
rorm	INU.		

NIELIT Delhi Centre 2nd Floor, Parsvnath Metro Mall, Inderlok Metro Station, Inderlok, Delhi-52 Tel: 011-23644849, 23644149



(For O	ffice Use Only)	
	Form/Documents Verified By	
Name:		
Signatu	ire.	
Signate		
Date:		
	A1242 T	anna fan XX lla da Tarkanadana
	Application For the filled by	orm for Walk—in-Interview oy the Candidate)
Note:	All information are mandatory and should be	
		_
Please		ost applied:
S No	Position Applied for	
1	C. E	
1.	Sr. Faculty	
2.	Associate Faculty(IT)	
3.	Assistant Faculty (IT)	
Name	of the Candidate :_	
F 41	A N	
Father	's Name :	
Husba	nd's Name, if applicable	:
Aadha	r Id No/ any other valid Photo ID No.	
Date o	f Birth (dd/mm/yyyy) :_	
Dute		
Perma	nent address	Contact Address Same as Permanent Address (Y/N)
		Same as Permanent Address (1/N)
Londi	ne No:	Landline No:
Lallull	IIC 140. [Lanumie No:
Mobile	e No:	Mobile No:

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Email id:___

Educational Qualification ${\bf 10}^{\rm th}$ class onwards (Attach copies of certificates):

S.	Qualification/ Degree/ Diploma	Name of Board/ University	Year of	N/A /G 1	Document attached **(Y/N)	
No (Mention duration also in case of Diploma)		/Institution	Passing	%Age/Grade	Mark sheet	Certifica te
1.					Silver	
2.						
3.						
4.						
5.						

Technical Skills (years of experience):

Sr. No.	Area /Subject*	Experi ence as faculty Experienc e as Developer	Years of Expertise			Remarks (If any)	
			Developer	Beginner	Intermediat e	Advance	
1.	Java/ J2EE						
2.	.Net						
3.	Cloud Computing						
4.	PHP						
5.	Information/ Cyber						
	Security						
6.	CCNA						
7.	Android						
8.	Python						
9.	Big Data						
10.	Server						
	Administration						
11.	Data Sciences						
12.	C/C++						
13.	DBMS						
14.	Linux						
15.	CS/IT Subjects #						
16.	Artificial						
	Intelligence						
17.	BIOS/Software/ OS						
	Configuration						
18.	Troubleshooting						
19.	PC Assembly						
20.	Networking						
	Essentials						
21.	Others, if any						

C	NI.		
Form	INO:		

Modules of NIELIT "O" Level /"A" Level/"B Level"

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

S.	Name of Organization	Dura-	Period		Brief Description	Tools & Languages used
No.	Worked in.	tion	From	То	of duties	
1.						
2.						
3.						
4.						

**All the supporting self attested documents for qualification and experience are mandatory to attach.				
Total Experience as on 01.02.2020 :	Years	_Months		
Certified that all the information furnished abov	e by me is corr	rect to the best of my knowledge.		
Place:		Signature of candidate		
_				
Date:		Name of Candidate		

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