

## राष्ट्रीय इलेक्ट्रॉनिकी एवं सूचना प्रौद्योगिकी संस्थान

## National Institute of Electronics & Information Technology

An Autonomous Scientific Society under the administrative control of Ministry of Electronics & Information Technology (MoE&IT), Government of India NIELIT Bhawan. Plot No.3 PSP Pocket, Sector-8, New Delhi-110077

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## FORM OF APPLICATION FOR THE POSTS: ASSTT. PROFESSOR, ASSOCIATE PROFESSOR AND PROFESSOR

| Adv  | t. No. NHQ-12/22/2                                                                                | 20 <mark>25-NC (3</mark> | 160304)        |                       |                        |                            |  |
|------|---------------------------------------------------------------------------------------------------|--------------------------|----------------|-----------------------|------------------------|----------------------------|--|
| Not  | e: 1. Application (pr                                                                             |                          |                |                       |                        |                            |  |
|      | supported by                                                                                      |                          |                |                       |                        |                            |  |
|      | application wi                                                                                    | II be rejecte            | d out rightly  |                       |                        | Affin recent pessport size |  |
|      | 2. Fill up all the co                                                                             | olumns exce              | pt those, wl   | hich are not applica  | able.                  | Affix recent passport size |  |
|      | 3. Applications r                                                                                 | photograph               |                |                       |                        |                            |  |
|      | summarily reje                                                                                    |                          |                |                       |                        |                            |  |
|      |                                                                                                   |                          |                | Fee Details           |                        |                            |  |
| UPI/ | UTR No                                                                                            | Transactio               | n Id           | Date of               | Transaction            | Amount Rs                  |  |
| D    |                                                                                                   |                          | Thursda O      |                       | Thursda O              | CCI: DA - J                |  |
|      | uest Mode of Intervie                                                                             |                          |                | nline Mode:           | I nrough O             | Through Offline Mode:      |  |
| Note | e: Please Tick any one                                                                            | mode (Onlir              | ne/Ottline) ot | Interview             |                        |                            |  |
|      | ( ) 5                                                                                             | r / •••                  | f.1 6 .        |                       |                        | 7)                         |  |
| 1.   | (a) Position applied for (with name of the Centre [upto 3 choices only, in order of preference]): |                          |                |                       |                        |                            |  |
|      | 1.:                                                                                               |                          | 2.:            |                       | 3.:                    |                            |  |
|      |                                                                                                   |                          |                |                       |                        |                            |  |
|      | (b)Date of Advertisement:                                                                         |                          |                | (c) Position C        |                        |                            |  |
|      |                                                                                                   |                          |                |                       |                        |                            |  |
| 2.   | Name in full:                                                                                     |                          |                |                       |                        |                            |  |
|      | (in Block Letters)                                                                                | First                    |                | Middle                | Last                   |                            |  |
| 3.   | Father's/Hushand's                                                                                | Name:                    |                |                       |                        |                            |  |
| J.   | ratifer syriasbana s                                                                              |                          |                |                       |                        |                            |  |
| 4.   | (a) Date of Birth (in f                                                                           | figure):                 |                |                       |                        |                            |  |
|      |                                                                                                   |                          |                |                       |                        |                            |  |
|      | (b) Age as on (date o                                                                             | of publication           | of advt.)      | Years                 | Months                 | Days                       |  |
|      |                                                                                                   |                          |                |                       |                        |                            |  |
| 5.   | Whether belongs to                                                                                | SC/ST/OBC/F              | WD/EWS Cat     | egory: If yes, please | specify the Category _ |                            |  |
| _    |                                                                                                   |                          |                |                       |                        |                            |  |
| 6.   | Gender (Male/Female                                                                               | · /Other):               |                |                       |                        |                            |  |

| 8.    | Nationality:                       |                     |              |                 | _            |               |                      |                         |
|-------|------------------------------------|---------------------|--------------|-----------------|--------------|---------------|----------------------|-------------------------|
| 9.    | Address for Corr                   | espondence:         |              |                 |              |               |                      |                         |
| 10.   | Permanent Addr                     | ess:                |              |                 |              |               |                      | ode                     |
|       |                                    | _                   | Pin Code     |                 |              |               |                      |                         |
| 11.   | (a) Mobile No                      | o (b) Email ID      |              |                 |              |               |                      |                         |
| 12.   | Particulars of all from School Boa | -                   |              | _               |              | -             | ons obtained com     | mencing                 |
|       | Examination                        |                     |              |                 | %age of      |               |                      |                         |
|       | /Degree University/Board           |                     | Board        | Year of Passing |              | marks         | Subjects             |                         |
|       |                                    |                     |              |                 |              |               |                      |                         |
|       |                                    |                     |              |                 |              |               |                      |                         |
|       |                                    |                     |              |                 |              |               |                      |                         |
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|       |                                    |                     |              |                 |              |               |                      |                         |
|       |                                    |                     |              |                 |              |               |                      |                         |
| 13. E | Experience: (Pleas                 | se attach attested  | copies of th | ne experier     | nce certific | cate) (Please | start with the Lates | t)                      |
|       | (Please attach sep                 | arate sheet, if red | uired).      |                 |              |               |                      |                         |
| Nai   | Name of employer Post h            |                     |              |                 | eriod        | То            | Last Salary<br>Drawn | Nature of Work / duties |
| 100   |                                    |                     |              |                 |              |               |                      | ,                       |
|       |                                    |                     |              |                 |              |               |                      |                         |
|       |                                    |                     |              |                 |              |               |                      |                         |
|       |                                    |                     |              |                 |              |               |                      |                         |
|       |                                    |                     | 1            |                 |              |               |                      |                         |

Marital Status: Married / Unmarried / Divorcee etc. (Strike out whichever is not applicable)

7.

| Total Exp      | perience in Years and months:                                                                                                                                                                                                                                                                                                       |  |  |  |  |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| 14. Wo         | rking knowledge of Computers: (Yes/No):                                                                                                                                                                                                                                                                                             |  |  |  |  |
| 15. Any        | / Other relevant info:                                                                                                                                                                                                                                                                                                              |  |  |  |  |
| 16. <u>Doo</u> | cuments to be attached                                                                                                                                                                                                                                                                                                              |  |  |  |  |
| I)             | Marksheet of Class Xth.                                                                                                                                                                                                                                                                                                             |  |  |  |  |
| ii)            | Marksheet of Class XIIth.                                                                                                                                                                                                                                                                                                           |  |  |  |  |
| 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)             | Screen-shot of the Fee paid to NIELIT.                                                                                                                                                                                                                                                                                              |  |  |  |  |
| vi)            | Aadhar Card                                                                                                                                                                                                                                                                                                                         |  |  |  |  |
|                | <u>Undertaking:</u>                                                                                                                                                                                                                                                                                                                 |  |  |  |  |
| I.             | I have gone through the "Terms & Conditions" provided in the website link and shall abide by the same.                                                                                                                                                                                                                              |  |  |  |  |
| II.<br>III.    | I have checked my Qualification, Eligibility, Age and Experience for the post for which I am applying. 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.                                                                                   |  |  |  |  |
| IV.            | I have submitted only one application for this position.                                                                                                                                                                                                                                                                            |  |  |  |  |
| V.             | Further, I have never been debarred by any organization for any illegal activity during my education / service.                                                                                                                                                                                                                     |  |  |  |  |
| VI.            | 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.          |  |  |  |  |
| VII.           | 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.                                                                                                                                        |  |  |  |  |
| Pl             | lace: Name:                                                                                                                                                                                                                                                                                                                         |  |  |  |  |
| D              | ate: Signature:                                                                                                                                                                                                                                                                                                                     |  |  |  |  |
|                | For Office Use Only                                                                                                                                                                                                                                                                                                                 |  |  |  |  |
| Pl             | lace: Name:                                                                                                                                                                                                                                                                                                                         |  |  |  |  |

Date:

Signature of Verifying Officer: