Application Form

	SEC	TION-A (For office use only)	Receipt No	Dated			
	Fee	Deposited : Rs	Mode of Payment(Cash/DD)				
	DD	NoDD Date	Issuing Bank Name :Sig. of Recv.Officer				
		-B (To be filled by candidate) tick $$ wherever required)	Post applied fo	or :			
Per	sona	al Details(Fill in CAPITAL Letters o	only):				
	1.	Name of the Candidate:		Paste affix recent passport size			
	2.	Father's/ Husband's Name:		photograph			
	3.	Aadhar Number:					
	4.	Date of Birth (DD/MM/YYYY):	//				
	5.	Sex:	Male () Female () 6. Category :				
6. Mobile Number :Alternate Number(if any):				ıy):			
	7.	Nationality:					
	8.	Whether physically handicapped:	Yes () No ()				
	9.	Place of birth:	(Give place of	of birth with name of District and State)			
	10.	Candidate's Mother tongue:					
	11.	Name of other language(s) (Separate	with a comma, if entering more than one)				
		(a) Read					
		(b) Write					
		(c) Speak					
	12.	Phone Number (Land Line):	(with STD	code)			
	13.	E-mail ID :					
	14.	Address for correspondence:					
	15.	Permanent Address:					

16. Details of Educational Qualifications (as on date of advertisement)

Exam Passed	Board/ University Name	Year of passing	Division /Grade	Subjects	Remarks (Distinction, if any)
10 th					
10+2/12 th					
Graduation*()					
P.G.* ()					

Professional Qualifications :

Exam Passed	Degree/ Diploma Name	Board/ University Name	Division /Grade	Specialization	Remarks

- 17. Whether worked in Central/State Govt. department:
- 18. Details of Experience:

(Total Experience:yearsmonths)

Yes () No ()

From	То	Post/Designation Held	Organization/Office Name with address, contact details etc.	Total emoluments	Nature of job

 * in chronological order (starting from current to last four employers)

19. Details of Computer Proficiency:

Operating Systems	S	Databases	Tools/Packages	Languages	Web Technologies

20. Give details of any of other work/ achievement relevant to the post applied for:

(done after leaving the College)

21. Names and Office addresses of two persons to whom reference could be made:

Name	Rank/Designation with Department/Office Name	Address	E-mail	Mobile/ Ph. No.

22. Time needed to join the service, if selected: _____

23. Other particulars, if any : _____

DECLARATION

I hereby declare that:

(1) The entries made in this application form are true and correct to the best of my knowledge and belief. If any part of the information given is found to be false or incorrect, I shall forfeit the claim to the post and will be liable to the disciplinary action.

(2) I have not been convicted by a Court of Law for any offence.

(3) I have not indulged in any of the acts of misconduct such as participating in gherao of any educational authority, whether academic or administrative, manhandling or abusing such authority or damaging any building or other property.

(4) I understand that the 'post applied for' is purely on contract basis for 06 months and the aforesaid post do not carry any entitlement for regularisation in future.

(5) I shall abide by the ordinances, statutes, rules and regulations that may be made by NIELIT time to time.

Date:	(Signature of applicant)		
Place:		Name of applicant:	
List of enclosures: 1	2	3	
4	5	6	