** राष्ट्रीय प्रौद्योगिकी संस्थान दुर्गापुर**

Recent Passport size photo

**NATIONAL INSTITUTE OF TECHNOLOGY DURGAPUR**

MAHATMA GANDHI AVENUE, DURGAPUR-713209

WEST BENGAL, INDIA, [www.nitdgp.ac.in](http://www.nitdgp.ac.in/)

(An Autonomous Institution of the govt. of India under Ministry of Education)

**Advt. No. NITD/Estt./MO & Counsellor /Cont./2022 Dated 26.07.2022**

Application for the post of

**(Note: Incomplete applications are liable to be rejected)**

1. **PERSONAL INFORMATION:**

1. Name (Block Letters): 2. D.O.B (dd/mm/yy): 3. Age (as on 12/08/2022): (With supporting documents)

4. Gender: 5. Marital Status:

1. Father’s Name, Occupation & Address:
2. Mother’s Name, Occupation & Address:
3. Husband’s / wife’s Name, Occupation & address (If married):
4. Nationality: 10. Religion: \_
5. Category (GEN/SC/ST/OBC/PWD/Ex-Servicemen): (With supporting documents if applicable)
6. Mother Tongue: 13. Languages known:
7. **CONTACT INFORMATION:**
8. Correspondence Address:

City: Pin: State:

1. Mobile No. 3. Telephone No.
2. Email Address:
3. Permanent Address: City: Pin: State :
4. **EDUCATIONAL QUALIICATIONS (10th Standard onwards):**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Degree/ Exam Passed | Subject/ Discipline | Specialization | Board/ University/Other exam body | Institution | Year | % Marks/ C.G.P.AObtained | Division/ Class |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

Signature of Candidate

1. **WORK EXPERIENCE INCLUDING INTERNSHIPS/PROJECTS (if any):**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Organization (Name &Address) | Designation & Nature of Job | From | To | Salary, Basic & Allowance | Reasons for leaving the job | Remarks, if any |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

1. **REFERENCES (Two responsible persons not related to the candidate but well acquainted with his/her):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Designation | Full Address | Contact No. | E-Mail |
|  |  |  |  |  |
|  |  |  |  |  |

## OTHER RELEVANT INFORMATION (if any):

1. **LIST OF ENCLOSURES (All enclosures should he self-attested):**

1.

2.

3.

4.

5.

6.

7.

8.

**DECLARATION:**

I hereby declared that the information furnished above is true to the best of my knowledge and belief. I understand, if at any time, it is found that I have concealed any information or have given any incorrect data, my candidature / appointment may be cancelled / terminated without any notice or compensation.

Date: Signature of the Candidate