NATIONAL INSTITUTE OF TECHNOLOGY GOA

 $(Ministry\ of\ Human\ Resource\ Development, Government\ of\ India)\\ Farmagudi\ ,\ Ponda-403\ 401, GOA.$

APPLICATION FOR A NON-TEACHING POSITION

(Pleas	e Fill	in l	BLO	CK	LET	ГТЕ	ERS)																		
Advertisement No.												Affix here recent passport size														
Post A	ppli	ed fo	or																			hoto				
Depar	tmen	t																								
1. Nar	ne in	Ful	l (Fi	rst S	urna	ame	e)																			
																					\blacksquare	1	\blacksquare			
																						Ш				
Married Sing				gle	le Male					Female (Please							tick)									
2. Add	lress	Pre	esent																							
																					_					
Perma	nent	:																			<u> </u>					
																						<u> </u>	<u> </u>			
FAX																						<u> </u>				
E-mai	1																									
Telephone				Office:						Residence:						Cell:										
3. Dat		Birtl	n:	Day	y		Mo	onth			/ear					atio	onali	ity:								
5. Pres	sent I	Emp	loyn	nent	:																					
Design																										
Organ																										
Date o																							_			
Scale																							_			
Basic Pay (Rs.)					-																		-			
Total Emoluments (per month)(Rs.)																										
You III	Jiiui) (1 1)	·· <i>)</i>																				J			

6. Basic Pay expected (Rs.):

7.(a) Tick-mark	the appropriate	box if you be	elongs to the part	icular ca	tegory	
GEN	SC	ST	OBO	C		
(b) Occupation	on of father and I	Mother:				
(c) Yearly inc	ome of parents (Rs.)				
8. Total years o	f the experience	after attainin	g essential qualif	ication		
9. Areas of Spe	cialization					
10. Academic F	Record starting v	vith secondary	y education (Please	attach Xerox	copies of all Certificate	& mark sheet)
Examination	Branch Specialisa		lege/University /Institute	Year	Percentage of mark	Class/ Division/Grade
11. Employmer	nt: [particular of	your past pos	sition (s)]			
Name of the	Post held	-	of Employment		sic Pay with	Nature of Duty
Employer		From	То	50	cale of pay	
12. Have you e		rged/suspende	ed from any posi	tion?:		
13. Special Act	nievements or A		rs received, if an			
Year		Na	ame of Award/Ho	onour/Ac	hievement	

	(1)	(2)	(3)	
Name				
Occupation				
or position Address				
71441 633				
Fax				
E-mail				
Phone No.				
16. I herel supplie	by declare that I have		derstood the instructions and las attached sheets are true to	
		ached sheets along with	this form.	
Date: Place:			(Signature of	Applicant)
Note: Use separa	te sheet if necessary for any	of the above items.		
Note: Use separa		of the above items.		
-		of the above items.		
List of Attach		of the above items.		
List of Attach		of the above items.		
List of Attach		of the above items.		
1. 2. 3.		of the above items.		
1. 2. 3. 4.		of the above items.		
1. 2. 3. 4. 5.		of the above items.		

14. Names and addresses of **three Referees** (at least one of them should be familiar with your recent works)