

NATIONAL INSTITUTE OF TECHNOLOGY JAMSHEDPUR JAMSHEDPUR-831014, JHARKHAND

(An Institution of National Importance under MHRD, Government of India)

NITJSR/REG/ADVT/2019-20/CD/303

Date 24/05/2019

APPLICATION FORM FOR APPOINTMENT OF REGISTRAR

1. Name of the Post applied for: Registrar					Self Attested Photograph	
		For Of	ffice Use			
2. Registrarion No:		3. Signa Offic	ature of the Recer:	4. Date of Receipt:		
_						
1.	Name of the Applicant (In Block Letters)					
2.	Father's / Husband/Wife Name					
3.	Date of Birth (dd/mm/yy)	Gender Male/Female	Age as on 29.3.2019	Marital S Married/Un		Nationality
4.	Category	SC / ST / OBC /	PWD / UR			
	Religion					
5.	Address for Correspondence					
		Pin Code:				
	Tel.Nos./Fax Nos	1 11 0000.				
	Email					
6.	Permanent Address					
		Pin Code:				

7.	Educational Qualifications								
	Qualification	Discipline		Name of the University/Institute		Year of Passing		% of Marks CGPA	/ Class/ Division
	10 th or Equivalent								
	12 th or Equivalent								
	Graduation								
	Post Graduation								
	Other if any								
8.	Present Employment with Salary Details							•	
	Institute/ Organization	Designation/ Post Hold	From	То	Natu Wo		Pay Band		Total Salary (Per month) in Rs.
9.	Work Experience Details Total Work Experience (in years):								
	Institute/ Organization	Designation/ Post Hold	From	То	o Nature of Work		Pay Band		Total Salary (Per month) in Rs.
10.	Description of Work Experience (Give chronological detailed description of the work performed by you in relation to the previous experience and domain knowledge)						the previous		

11.	Number of Awards / Honours / Prizes / Medals:					
	Awarded (Title)					
	Proposed, if any					
12.	Have you ever been Terminated / Suspended from Work? If so, Give Reason and Present status of it:					
13.	Mention Notice Period Needed for Joining if Offered a Post					
14.	Name of two Referees with Complete Contact Details Including Address, Tel. Nos., Fax Nos., Email Address					
	(i) (ii)					
15.	Any other Relevant Information if Any					
16	Application Fee:					
	a. Draft No & Date:					
	b. Amount:					
	c. Issuing Bank:					
17.	List of Enclosures (Academic, Experience and Professional Qualifications)					
	a)					
	b)					
	C)					
	d)					
	e)					
	f)					
	DECLARATION					
of m inforr	by, solemnly declare that the information furnished in this application are true and correct to the best knowledge and belief. If at any time I am found to have concealed/ suppressed any material/ nation or have given any false details, my candidature/appointment shall be liable to be summarily elled/ terminated without any notice or compensation.					
Place	:					
Date	Signature of the Applicant					