

# NATIONAL INSTITUTE OF TECHNOLOGY, RAIPUR

## APPLICATION FORM FOR CONTRACT RECRUITMENT OF ACCOUNTANT

(All the columns are to be compulsorily filled in neatly in capital letters or should be type-written using only A-4 size paper in the prescribed format)

1. Advertisement No. : NITRR/Estt./Advt./2019/....., dated.....

2. Name of the post applied for : \_\_\_\_\_

3. Name of the Applicant : \_\_\_\_\_

a. Postal Address for Communication : \_\_\_\_\_  
\_\_\_\_\_

b. Permanent Address : \_\_\_\_\_  
\_\_\_\_\_

4. a) Mobile No. : \_\_\_\_\_

b) E-mail : \_\_\_\_\_

5. Father's / Husband Name : \_\_\_\_\_

6. Date of Birth : \_\_\_\_\_  
(as per SSC/SSLC/HSLC)

7. Gender : Male/Female

8. Nationality : \_\_\_\_\_

9. Have you ever been convicted by a court of law or is there any criminal case/disciplinary action / vigilance enquiry pending against you? \_\_\_\_\_ If yes, specify \_\_\_\_\_  
\_\_\_\_\_

10. If appointed on contract, how much time will you require for joining the post?  
\_\_\_\_\_

Affix self  
attested  
passport  
size  
photograph

Cont.....

11. Education/Professional Technical Qualifications (Attach self attested copies of certificates / mark sheets etc.)

Full Name of the Examination Passed	Board/ Institute University	Duration of Degree/Diploma Training	Year of passing	Division with % Marks	Subjects(s) studied	Specialization

12. Details of employment in reverse chronological order. (Attach self attested copies of certificates)

Full Name of the Organization/Department/Institute	Post held	Regular /Temporary /Permanent /Contract	Period of employment		Period of each Employment in Years/Months	Pay Scale	Gross Monthly Emoluments
			From (DD/MM/YY)	To (DD/MM/YY)			

13. If, any other \_\_\_\_\_.

I \_\_\_\_\_ here by declare that the statement made in this application are true, complete and correct to the best of my knowledge and belief and in the event of the information being found false or incorrect or any ineligibility being detected before or after the selection, my candidature is liable to be cancelled and action may initiated against me.

(Name of the applicant)

(Signature)

(Place)

(Date)

