



**NATIONAL INSTITUTE OF TECHNICAL TEACHERS TRAINING AND RESEARCH
SECTOR 26, CHANDIGARH – 160 019**

Application Registration No. _____
(To be filled in by the Office)

Advertisement No.

Post Applied for: Assistant Professor
Department applied for :
Your Specialization

Passport size
coloured photograph
of the Candidate

Part – A

(General Information of the Candidate)

1.	Full Name in Block Letters	
2.	Date of Birth and Age on Closing Date	
3.	Father's/Husband's Name	
4.	Mother's Name	
5.	Nationality	
6.	Marital Status	
7.	Gender	
8.	Mobile Number	
9.	Email Id	
10.	Correspondence Address	
11.	Permanent Address	
12.	Category (SC/ST/OBC/EWS) if applicable	
13.	Whether belongs to the person with disability (PwD)?	
14.	Have you ever been a candidate for any post advertised by this institute?	

Part – B

(Technical)

1. Ph.D degree (year of award with name of the Institute and University) (as per UGC 2009 regulation)

S.No.	Year of award	Name of institute	University

2. (a) Educational qualification (starting with highest degree)

S. No.	Title	Class Name/Qualification	Stream	Marks Obtained	Maximum Marks	Percentage	Board/University	Mode of degree	Passing Year (dd/mm/yyyy)

2. (b) Additional qualification:

S.No.	Name of Institute	Examination Passed	Year	% Marks	Division	Subjects

2. (c) GATE If qualified then provide details year, score/rank/validity period etc.

Year(s):	Score:	Rank:	Validity Period:
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3. Total experience after acquiring essential qualifications (ME/M.Tech/M.S)

Year(s):	Month(s):	Days:
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4. (a) Teaching experience (Starting from present)

S. No.	Name of Office/Institute/Firm	Designation	Scale of Pay/GP	Last Pay Drawn	Subjects taught	Reason for Leaving	Total Period		Period of employment
							From	To	

4. (b) Industrial Experience

S.No.	Name of Organization	Period of service From Date	Period of service To Date	Total Period	Designation	Scale of Pay	Last Pay Drawn	Reason for Leaving
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4. (c) Research Experience

S.No.	Name of Organization	Period of work From Date	Period of work To Date	Total Period	Type of work done	Beneficiaries of R&D Work
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4. (d) Administrative Experience

S.No.	Position Held	Period of work From Date	Period of work To Date	Total Period	Name of Duties performed
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4. (e) Any other experience such:

S.No.	Experience In	Status
1.	Laboratory Development	
	Member of professional societies	
	Awards and Recognition	
	Collaboration with other National/International Organization	
	Member of various academic committees such BOS,AICTE,UGC etc	
	Co-Curricular activities	
	Any other (please specify	
	Please mention the overlapping periods in experience (if any)	

5. Name of publication if any under the following heads (attach separate sheet if required)

S.No.	Publication Type	Publication Name	Year

6. Training/Seminars/Workshops/Symposium attended

S.No	Name	Venue	From	To	Duration	Name of the organizer

7. Training/Seminars/Workshops/Symposium conducted/coordinated

S.No	Name	Venue	From	To	Duration	Name of the organizer

8. Name and address of three references who are well acquainted with the professional activities of the candidate, not related to the candidate.

S.No	Name	Designation	Email	Mobile number	Address

Part-C

9. (Declaration by Candidate)

1.	Are you willing to accept the minimum scale (if no, then indicate the basic acceptable)	
2.	Minimum joining time required (if selected)	
3.	Is your application forwarded through proper channel (If no submit NOC before or at the time of Interview)	
4.	Copies of certificates of qualifications and mark sheets attached	
5.	Copies of certificates of experience and training attached	
6.	Proof of Gate attached	

25. Undertaking by the candidate:

I certify that the foregoing information provided by me is correct and nothing has been concealed / distorted. If at any time, I am found to have provided incorrect information/concealed / distorted any information, my appointment will be liable to be terminated without notice and I will be liable to disciplinary action/ penalty as decided by the competent authority. I will perform the duties as assigned by the authority based on the requirement of the institute if offered with the appointment against the said post.

Place :

Date :

Full Signature of the Candidate

Certificate from the forwarding authority:

I certify that the information provided by..... (Name of the candidate) in this application form is correct as per record available with the organization.

Signature of the authority (Principal/Director)

