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|  |  **राष्ट्रीय प्रौद्योगिकी संस्थान, अरुणाचलप्रदेश**NATIONAL INSTITUTE OF TECHNOLOGY ARUNACHAL PRADESH(Institute of National Importance under Ministry of Education, Govt. of India)JOTE, ARUNACHAL PRADESH -791113, INDIAE-Mail: nitarunachal@nitap.ac.in/registrarcell@nitap.ac.inWebsite: www.nitap.ac.in, Ph: 0360-2954549 |

NIT/AP/Estt.-120/Registrar Recruitment/2021/Add. No.-01 Date: 02/09/2021

**Application form for Appointment of Registrar on Deputation (including short term Contract) Officers under the Central/State Governments/ Universities/Recognize Research Institutes or Institute of National Importance or Govt. Laboratory or PSU**

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| **1.Application Fee** | (**DD should be drawn in favour of the Director, NIT Arunachal Pradesh payable at NIT AP on SBI Nirjuli Branch (IFSC Code; Code 09535**) **Nirjuli and** **swift Code: SBIN0009535)** | **Recent passport size colour photograph to be affixed** |
| **DD No.**  | **Date** | **Amount** | **Name of Issuing Bank/branch** |
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2. **Office Use:**

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| **Registration No** | **Signature of the Receiver** | **Date of Receipt**  |
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| 1. | Name of the Applicant**(In Block Letters)** |  |
| 2. | Father’s/ Husband’s Name |  |

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| --- | --- | --- | --- | --- | --- |
| 3. | Date of Birth**(DD/MM/YYYY)** | Gender**(Male/Female)** | Age in years | Marital Statues**(Married/Unmarried/****Widow/Widower)** | Nationality |
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| 4. | **Category** | **SC/ST/OBC (NCL)/PWD/UR** |  |
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| 5. | Address for Correspondence  |  |
| Tel. Nos./Fax Nos. |  | Mobile: |
| Email ID |  |  |

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| --- | --- | --- |
| 6. | Permanent Address |  |

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| 7. | **Educational Qualifications (Attach Self Attested Xerox Copies of each Certificate)** |
|  | **Qualification**  | **Discipline** | **Name of the University/Institute** | **Year of Passing** | **% of Marks/CGPA** | **Class/Division** |
|  | **10th or Equivalent**  |  |  |  |  |  |
|  | **12th or Equivalent** |  |  |  |  |  |
|  | **Graduation** |  |  |  |  |  |
|  | **Post Graduation** |  |  |  |  |  |
|  | **Ph. D** |  |  |  |  |  |
|  | **Others, if any** |  |  |  |  |  |

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| --- | --- |
| 8. | **Present Employment with Salary Details (Attach salary certificate of each)** |
|  | Institute/organization | Designation/post Held | From | To | Nature of Work | Pay Band/Level | GP/AGP | Total Salary (per month in Rs.) |
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| 9. | **Work Experience Details** **(Enclosed details as per General Instruction)****Total Work Experience (in years)** |
|  | Institute/organization | Designation/post Held | From | To | Nature of Work | Pay Band/Level | GP/AGP | Total Salary (per month in Rs.) |
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| 10. | Description of Work Experience (Give chronological detailed description of the work performed by you in relation to the previous experience and related knowledge) |
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| 11. | Have you ever been Terminated/Suspended from Work ?If so, Give Reason and Present status |  |

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| 12. | Mention Notice Period Needed for Joining of Offered a post |  |

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| --- | --- |
| 13 | Name Two Reference with Complete Contact Details Including Address, Tel. Nos. Fax Nos. |
|  | i) | ii) |
| 14. | Any other Relevant Information under Desirable Qualification |  |
| 15 | List of Enclosures (Academic, Experience and professional Qualifications) |
|  | a) | g) |
|  | b) | h) |
|  | c) | i) |
|  | d) | j) |
|  | e) | k) |
|  | f) | l) |

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| **DECLARATION**I hereby, solemnly declare that the information furnished in this application are true and correct to the best of my knowledge and belief. If at any time I am found to be concealed/suppressed any material/information or have given any false details, my candidature/appointment shall be liable to be summarily cancelled/terminated without any notice or compensation.Place:Date: **Signature of the Applicant**  |

**NO OBJECTION CERTIFICATE TO BE FURNISHED BY THE CANDIDATE WHO IS ALREADY IN EMPLOYMENT ON REGULAR BASIS.**

Certified that Dr./Mr./Mrs……………………………………………. Son/Daughter of Shri………………………………….. is permanent employee of the Department/Institution/Organization since……………….. The Department/Institution/Organization have no objection if he/she is appointed in National Institute of Technology Arunachal Pradesh against the post of the Registrar as per advertisement No…………………………….dated…………………… and he/she will relieved immediately.

Place:

Date:

SIGNATURE WITH SEAL OF THE HEAD OF

THE DEPARTMENT/INSTITUTION/ORGANIZATION

**Check-list for grant of vigilance clearance in respect of officials of the Ministry of Education and Organization/Institutions under the Ministry**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Name | : |  |
| 2 | Designation | : |  |
| 3 | Organization/Institution | : |  |
| 4 | Whether IPR submitted within the prescribed time limit | : |  |
| 5 | Details of major penalty imposed during the last 10 years | : |  |
| 6 | Details of Major penalty imposed during the last during last 10 years | : |  |
| 7 | Whether any disciplinary case is under contemplation | : |  |
| 8 | Details of prosecution sanction granted, if any  | : |  |
| 9 | Whether the official was ever placed in the Agreed list | : |  |
| 10 | Whether debarred from assigning important assignment under the Government. |  |  |

(Signature)

CVO of the Respective Institute