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|  | **NATIONAL INSTITUTE OF TECHNOLOGY ARUNACHAL PRADESH****(An Institute of National Importance under Ministry of Education (Shiksha Mantralaya), Government of India**YUPIA, ARUNACHAL PRADESH -791112, INDIA |

Application for the post of Assistant Registrar in Finance & Accounts on Deputation/Lien/Short Term Contract

*NB: Incomplete Applications, Applications without the application fees or without the signature are likely* *to be rejected.*

1. ADVERTISEMENT NO. & DATE: Post No. : ......…………

1. NAME OF THE POST APPLIED FOR **:**
2. CATEGORY APPLIED FOR (PLEASE TICK) :

UR SC ST OBC PWD EX-SER

(attested copy of certificate to be submitted, except

for UR)

1. Details of fees paid and enclosed: **Demand Draft No**.

**Amount: Date:** **Bank:**

1. Name in full (in block letters) :
2. Father/Husband Name :
3. Permanent Address(in full) :
4. Address for communication :
5. Email id :
6. Date of birth in Christian era :
7. Age on the date of application ( that is : **09/04/2021**):
8. Nationality : 9. Religion : 10. Sex:
9. Category (SC/ST/OBC/ PWD/EX-SER) (Pl. attach copy of certificate): ----- No
10. Details of Academic Qualifications (to be supported by attested photocopies) :

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| **Exam Passed** | **Year of Passing** |  **Name of the****Board/****University** | **Branch/Specialization** | **Div./ Class** | **Percentage (%)** |
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1. Technical Qualifications etc. (Pl. enclose photocopies) :

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| Name of the Exam Passed | University/Other Exam Body | Year | Subjects | Marks Obtained | Division with % of marks |
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1. Proficiency in Languages
2. Details of past services : (Pl enclose supporting documents)

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| Name of the Post held | Name of the Institution/Organisation | Duration of Services | Pay band/Scale of pay in the pay matrix | Equivalent Grade Pay/Pay Level (7th CPC) | Temporary/Permanent/Contract/Tenure etc. | Nature of duties |
| From | To |
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1. Total Experience in Accounts/Administration:

**17**. Present position held with date :

**18.** Present Pay Band, Band Pay and AGP/GP/Pay Level :

**19.** Effective date of present Pay Band, Band Pay and AGP/GP/Pay Level :

1. Name of the employer, with address :
2. Names of two referees not related to the applicant
3. **(b)**
4. Any Additional information, the candidate wishes to provide, if any
5. Declaration :

I hereby declare that I have carefully read and understood the instructions and regulations referred here in and that all the statements made in this application are true and complete to the best of my knowledge and belief. I understand that the competent authority can take appropriate action against me in case any of the information is found to be incorrect at any stage.

Signature of the applicant : …………………………….

Date : ……………………….. Name in full :

Place : ………………………. Designation / Department: ………………………………

Address : …………………………………………………

……………………………………………………

**UNDERTAKING**

I hereby undertake that I have read all the information and instructions given in Advertisement (Advt. No. ) on the Institute website i.e. [www.nitap.ac.in](http://www.nitap.ac.in) and the above information given by me is correct to the best of my knowledge and belief. I understand that my application shall be rejected if i) the information is not correct or ii) all the required certificates and documents are not attached or iii) application is incomplete.

Date:\_\_\_\_/ \_\_\_\_/2020 Place:\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Candidate:\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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 a permanent employee of………………..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 Assistant Registrar in Finance & Accounts on Deputation/Lien/Short Term Contract as per **advertisement No. Advt. No. 1(NT) /2021: Dated: 10/02/2021** and will be relieved immediately**.**

**Place:……………………….**

**Date:………………………...**

SIGNATURE WITH SEAL OF THE HEAD OF

 DEPARTMENT/INSTITUTION/ORGANISITION

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**Check-list for Grant of Vigilance Clearance**

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| --- | --- | --- | --- |
| 1 | Name | : |  |
| 2 | Designation | : |  |
| 3 | Organization/Institution | : |  |
| 4 | Whether IPR submitted within the prescribed time limit | : |  |
| 5 | Details of minor penalty imposed during the last 10 years | : |  |
| 6 | Details of major penalty imposed during the 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 Institution