



**NATIONAL INSTITUTE OF TECHNOLOGY SIKKIM**  
**RAVANGLA, SOUTH SIKKIM**  
**SIKKIM- 737 139, INDIA**

Note: Prospective candidates are advised to study the **Instructions** carefully and then fill up the application precisely and to the point in all respects. No column should be left blank. **Incomplete application will be rejected.** Candidates may attach additional sheets, if required.

<b>APPLICATION FORM</b>		Advertisement No:	
		Date:	
Post Applied For			Affix recent passport size photograph duly signed by the candidate
AGP			
Department			
Specialization			
FEE REMITTANCE DETAILS			
Demand Draft No. and date			
Amount			
If exempted, specify category			

<b>1</b>	<b>Personal Information</b>												
	Name of Applicant ( in full capitals)												
	Father's Name												
	Mother's Name												
	Date of Birth & Age (As on last date of receipt of Application-proof of DOB to be enclosed )		DD		MM		YY		Age		Years	Months	Days
	Nationality							Religion					
	Category (SC/ST/OBC/UR/PwD)												
	Gender							Marital Status					
	Photo ID proof		Aadhaar/PAN/Passport/ Voter ID/ Any other Govt. issued ID					ID Number					

2. Whether Physically Challenged Yes\* No  (Put ✓ mark)

\*If yes A  B  C  D  E  (Put ✓ mark)

A - Blindness & Low Vision;

B - Deaf & Hard of hearing

C - Locomotor disability including cerebral palsy, leprosy cured, dwarfism, acid attack victims & muscular dystrophy

D - Autism, intellectual disability, specific learning disability and mental illness;

E - Multiple disabilities from amongst persons under clauses (A) to (D) including deaf-blindness

(\*Attach a certificate from the competent authority as prescribed under government rules)

**3. Complete Postal address with Pin code**

For Correspondence						Permanent					
Pincode						Pincode					
<b>Other Contact Information</b>											
Phone No. with STD Code						Mobile No.			Alternate Mobile No.		
E-mail											
Alternate E-mail											

4(A)	<b>Educational Qualifications (10<sup>th</sup> Standard onwards)</b>						
	Name of Examination	Institution	Board	% of Marks	Grade/ Division	Year of passing	Encl. No.
4A(i)	10 <sup>th</sup>						
4A(ii)	12 <sup>th</sup> /Higher Sec						

4(B)	<b>Educational Qualifications (Under Graduation onwards)</b>						
	Name of Degree	Discipline	University/ Institution	Grade Point/ % of Marks	Grade/ Div.	Year of passing	Encl. No.
4B(i)	Bachelor's degree						
4B(ii)	Master's degree						
	Other (If Any)						

	Name of Degree	Discipline	University/ Institution	Year of award	Encl. No.
4B(iii)	Ph.D.				
	Thesis Title				

	Name of Degree	Discipline	University/ Institution	Duration		Encl. No.
				From	To	
4B(iv)	Post Doctoral Fellowship					
	Area of Research					
4B(v)	Others( If Any)					

	Name of Exam (NET/SLET/GATE)	Subject / Discipline	Registration Number/ Roll Number	Year of passing	Encl. No.
4B(vi)					

5(A)	<b>Detail of Teaching Experience (In reverse Chronological order) (Attach extra sheet, if needed)</b>									
	Organization	Post	Period		Duration		PB & G- Pay/Pay level	Nature of Responsib ilities	Temporary/ Regular/ Permanent	Encl. No.
			From	To	Y	M				
1										
2										
3										
			Total							

\*Institution of Repute is defined as per Ministry of Education Communication F.No.33-9/2011-TS.III dated 16/04/2019.

5(B)	<b>Scientific Research/ Industrial Experience</b> (Research experience as Post-Doctoral as approved in [F.No33-9/2011-TS.III dated 16 April 2019, Pt 2], Research Experience in Institute of Repute/ National Agencies of the country like Government major R&D lab in India (CSIR, ICAR, DAE, ISRO, DRDO etc.) /Industrial experience with industries having turnover of more than 100 crores/ for Architecture applicants, experience in Architecture Firms having Projects of more than 20 crores per annum)							
	Organization	Post	Duration		Experience		Permanent/Temporary/ Contract	Encl. No.
			From	To	Y	M		
1								
2								
			Total					

Total Experience (5A + 5B) in yrs and Months	
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6	<b>Additional relevant information in support of candidature</b>			Encl. No.
		Name of Award (UG Onwards)	Name of Awarding (State/National/ International) Government Organization	
1	Academic/ Research Excellence Award (excluding scholarship and conference paper award)			
2	Fellowship			
3	Sports and extra-curricular activities (including NCC, NSS) at State/ National/ International level			

7	<b>Character &amp; Antecedents Report.</b>		
	Particulars	Comments	Encl. No.
1	Have you ever been subject to any disciplinary action, as a student and/or as an employee, If so give full details.		
2	Have you ever been dismissed/suspended from service/employment, if so please give full details		
3	Were you involved in any criminal case, If yes, give full details		
4	Is any criminal case pending against you in the court, If yes, give full details		

8. Index of Application (Important: all the enclosures should be self-attested and serially numbered):

S.No.	Description	Encl. No.	Page No. From-To
1	Application Form		
2	Category/PWD Certificate, if applicable		
3	10 <sup>th</sup> Class Certificate showing date of birth.		
4	12 <sup>th</sup> Class/Higher Secondary marks statement		
5	UG Degree Marks statement and Degree/provisional certificate		
6	PG Degree Marks statement and Degree/provisional certificate		
7	PhD Degree		
8	PDF (if any)		
9	NET/SLET/GATE (if any)		
10	Documents in support of claimed experience		
11	NOC/forwarding letter from employer, if applicable		
12	Credit Point Sheet and documents in support of credit points		
13	Award/Fellowship/Sports/Extracurricular Achievements		
14	Any other relevant document.		

**DECLARATION**

I hereby declare that I have carefully read and understood the instructions and particulars supplied to me, and that all entries in this form, as well as, in attached sheets are true to the best of my knowledge and belief. If selected, I promise to abide by the rules and regulations of the Institute.

Date:		Signature
Place:		

9	<b>Details of Present employment and Employer's endorsement</b>				
	<small>(Candidate may produce NOC in lieu of this endorsement at the time of Interview)</small>				
	Name of Organization				
	Designation of Applicant		Date of Appointment of Applicant	Encl. No.	
	Whether Temporary/Regular/Permanent		Name and Signature of Forwarding authority with seal and date		
Pay Level		Name: Designation:			
Basic Pay					