National Institute of Technology Sikkim Summary Sheet for Non- Faculty (Staff) Positions (To be filled by the candidate)

Name of the Candidate:				Post Applied for:							
Dep	artment:				If	on Depu	tation/Contra	ct:			
Sl. No	Educational Degree	3					Date of Passing	% of Marks/ Grade (CGPA)	For office Use		
1.											
	Experience	Years & months (AGP/GP)	Years months (AGP/	S	Years & (AGP/0	& months GP)	Years & months (AGP/GP)	Years & months (AGP/GP)			
2.						0.14					
	Experience Teaching Research Industrial	Years & Mo	onths A	After P.G	i. Ye	ears & Me	onths After P	h.D.			
3.	Technical Administrative Total No. of	Internatio	nal	Natio	onal	Inte	rnational	National			
	Publications	Journal		Journ	nal	Cor	nference	Conference			
	No. of Conference workshops organ No. of Conference	ized ces/ Seminars		rnationa	ıl Level		National Level				
	workshops attend Sponsored Resea	rch Projects		Nos.			Project Amount (Rs)				
7.	Consultancy Proj	ects		Nos. P			roject Amou				

Authored

Have you worked on any post in IIT/NIT/Govt. Organization?

No. of Patents awarded If space is left blank answer will be considered as NO

Have you cleared GATE/NET/SET/Others?

No. of Books writer

ii.

10.

Yes / No

Co-authored



NATIONAL INSTITUTE OF TECHNOLOGY SIKKIM

(An Institute of National Importance, Govt. of India) Ravangla Campus, Barfung Block, South Sikkim - 737 139

Website: www.nitsikkim.ac.in

Advt.No: NITS/Admn/Rectt./Reg/Non-Faculty/2015-16/589 Date: 09.12.2015

Details of Bank Draf	t Enclosed (if app	olicable):			
DD No:	Date:	,	Amoun	t: Rs.	
Name of the Bank:	Please affix recent				
Post Applied for:	photograph				
Department / Discip	lines				
If on Deputation:	Yes/No	If on Contract:		Yes/no	
(ii) Father's/Spo(iii) Whether bel(Attach Cert2. Date of Birth:	ouse's Name:longing to (Please ificates if SC/ST/	e tick) GN / SC / S /OBC and also for Age (as (b) Religion:	T / OBC, PwD) on 31-12-	Whether Post 2015):	wD: Yes/No
(c) Gender: Male		(1)			
(d) Marital Statu	s: Married / Unm	narried / Divorced		•••••	
4. Postal Address for	correspondence:				
		Pin Co	de:		
Phone No.: Office/F	Res:		Mo	b. No.:	
E-mail id:					
5. Permanent Addres		o. & Mobile):			
E-mail id:5. Permanent Addres	ss (with Phone No	o. & Mobile):			

5. (a) All	Educational (Jualifications	starting from	matriculation,	Class X	onwards:
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Examination Passed	Subjects/ disciple/ Specializat	ion	Name of the Institution	University/ Board	Date of Passing	% of Marks/ CGPA and Division
••••••				? (If so copy of card		
/. Professiona	al Qualificat	tion (11 .	Any):		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •
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(d) Type of organization presently employed in (Government / Semi-Government / Govt. Aided / Autonomous Body / Private etc.)

Sl.	Thesis Supervised: Title of the Thesis Supervised		PhD/M.T				ompleted	1 0			Principal of
No.	Supervis	sed	M.S./M.P		nii.	il. (Year)		(W1	(with Status)		Co- Supervisor
											1
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Natio	nal										
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		Seminar / Works			_						
Sl. No.			Month/year		Ro	le	Venu		e Spor		Sponsoring
	Workshop	o organized									
d) Sur Sl. No		ter Schools / Wo	orks	shop Trainii Venue	ng Pr	ogra	ammes at Duratio		d:	Sne	onsoring
51. 1 (c		Title		Veriae			Duratio	11		БР	
Res	earch Activ	vities and Consu	ltan	cv:							
<u>/</u>	. Sponsored/consultancy			Duration(date)		Sponsoring Authority		Funds Sanctioned		Present Status	
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Subject	Comments
Have you ever been subject to any disciplinary action,	
as a student and/ or as an employee, if so give full	
details	
Have you ever been dismissed/suspended from	
service/ employment? If so, give full details	
Were you involved in any criminal case? if yes, give	
full details	
If any case /enquiry pending against you in the court?	
if yes give full details	
Have you any break in service (reasons & duration)?	

12. Languages you can read, write & speak?

Name of Languages	Read	Write	Speak	Examination Passed if any

13. Membership of Professional Societies:	
(Including Membership No.)	
14. Extra-Curricular Activities:	
15. Any other relevant information:	
16. Name 2 referees (Not related to the candidate)), at least one should be the current Employer:
(i)Name:	• •
Full Address.	
1 dil / todicos	
Contact Number	
Contact Number	
ZON.	D : .:
(ii) Name:	_
Full Address	
	E mail
Contact Number	
	TON.
<u>DECLARAT</u>	<u>HON</u>
I declare that the statements made in t	his application are true to the best of my
knowledge and belief. I understand that misleading	
summarily rejection of application / appointment	
outlines, rejection of approximately appointments	(ar 10 and 5 acceptance)
Date:	
Place:	(Signature of the Applicant)
Forwarded through Head of the (For candidates needed to apply through pro-	
The application of Dr. / Mr. / Ms	for the post of
at National	Institute of Technology Sikkim is forwarded.
Date:	
Place:	

(Signature and Seal of the forwarding Authority)