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

Nam	e of the Candidat	e:		Post Appli	ed for:		
Depa	artment:		If	on Deputa	tion/Contra	act:	
Sl. No	Educational Degree	Name o	f Institute/ Universi	-	Date of Passing	% of Marks/ Grade (CGPA)	For office Use
-							
1.							
		Expe	rience(Year & Mon	<u>l</u> th)			
	Teaching	•					
	Research						
2.	Industrial						
	Technical						
	Administrative						
	Total						
	No. of Conference		International Level	Na	tional Lev	<u>el</u>	
ľ	workshops organi	zea					

If space is left blank answer will be considered as NO

Have you cleared GATE/NET/SET/Others?

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

No. of Conferences/ Seminars

workshops attended

i. ii.

5.

Signature of the Candidate with date

Yes / No



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

Αŗ	oplication Number	& Da	ate of Receipt		(to be fille	ed by the office)	
De	etails of Bank Draft E	nclosed (if ap	plicable):				
	O No:	Date:		Amoun	t: Rs.		
Na	ame of the Bank:	Please affix recent					
Po	est Applied for:	photograph					
De	epartment / Discipline	es					
If	on Deputation:	Yes/No	If on Contract:		Yes/no		
 2. 	(ii) Father's/ Spouse (iii) Whether belong	e's Name: ging to (Please eates if SC/ST	e tick) GN / SC / S /OBC and also for	T / OBC, PwD)	Whether P	wD: Yes/No	
3.	(a) Nationality:		(b) Religion:				
	(c) Gender: Male / F	Female /					
	(d) Marital Status: 1	Married / Unn	narried / Divorced				
4.	Postal Address for co	-	:				
Ph	one No.: Office/Res:			Mo	b. No.:		
E-	mail id:						
5.	Permanent Address (with Phone N	o. & Mobile):				

Pin Code: Phone No.

6. (a) All Educational Qualifications starting from matriculation, Class X onw	X onward	Class X	matriculation,	from	starting	Dualifications	Educational (a) All	5. (
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Examination Passed	Subjects/ disciple/ Specialization	Name of the Institution	University/ Board	Date of Passing	% of Marks/ CGPA and Division

				-			+		
(b) Have you	u clear	ed NE	T/SET/0	GATE/others?	(If so	copy of card/c	ertificate is to	be enclosed)	
7. Profession	nal Qua	alificat	tion (if A	Any):					
8. (a). Profes		-		starting with pr	esent	one, if necessar	ry use separate	e sheet,	
Post held	Da From			Organization Basic salary & Grade Pay		Total emolument	Reason for leaving		
* Certificates	of appo	 ointme	 nt/experi	ence may be en	closed	<u> </u> :			
(b) Total Ex	xperien	ice:							
(i) Teaching	-			:	Y	ear(s)		Month(s)	
(ii) Researc	h			:	:Year(s)			Month(s)	
(iii) Industr	ial			:Year(s)			Month(s)		
(iv) Admini	istrativ	e		:Year(s)			Month(s)		
(v) Technic	al			:	Y	ear(s)]	Month(s)	
(c) Present	Pay Sc	ale:		· · · · · · · · · · · · · · · · · · ·	Ba	sic Pay:	GP:		
Other Pay:	:		Dea	arness Allowar	nce:	Total/C	Gross Emolum	ent:	
• • •	_		-			vernment / Sem			

S1. No.			Month/year		Ve	nue	Sponsoring
(b) :	Summer / W	/inter Schools /	Workshop T	raining Pro	grammes att	ended:	
Sl. N		Title	Venue		Duration		Sponsoring
	ministrative or etc.)	experience: (e.g	g. In-Charge/	Hostel War	den/Hostel I	Manager	/Supervisor/
Sl. No.	\mathcal{E}			Duration	on (from & to) Nature of Responsibility		
1.	Character &	Antecedents R	eport:				
		Subject				Comn	nents
		en subject to an					
		as an employee					
		n dismissed/sus , give full detai	-	service/			
		l in any crimina		give full			
etails							
any	case /enquir	y pending agair	st you in the	court? if			
	ve full detai	ls ık in service (re	acone le dure	ution)?			
ave :	you ally blea	ik ili scrvice (re	asons & dura	ttion):			
2.	Languages y	ou can read, w	rite & speak	•			
	Name of	Read		Write	Spea	.k	Examination
	Name of	Read					

13. Membership of Professional Societies:

(Including Membership No.)

14. Extra-Curricular Activities:	
15. Any other relevant information	n:
16. Name 2 referees (Not related t	o the candidate), at least one should be the current Employer:
(i)Name:	Designation
Full Address	
	E mail
Contact Number	
(ii) Name:	Designation
Full Address	
	E mail
Contact Number	
	DECLADATION
	<u>DECLARATION</u>
I declare that the statements	s made in this application are true to the best of my knowledge
	ading or wrong information supplied may lead to summarily
rejection of application / appointm	ent (if found subsequently).
Date:	
Place:	(Signature of the Applicant)
E 1.141	
	apply through proper channel as per the Advertisement)
The application of Dr. / N	Mr. / Ms for the post of
	at National Institute of Technology Sikkim is forwarded.
Date:	
Place:	(Signature and Seal of the forwarding Authority)
	11/16114141 CANA 1/41 VI DIC IVI WAI UIIIZ /11111111 IIV I