



**राष्ट्रीय प्रौद्योगिकी संस्थान सिक्किम**  
**NATIONAL INSTITUTE OF TECHNOLOGY SIKKIM**  
(An Institute of National Importance, MoE, Govt. of India)

**APPLICATION FORM FOR THE RECRUITMENT OF FACULTY POSITION**

*Note: Prospective candidates are advised to read 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.*

Were you shortlisted earlier in response to the advt. No. NITs/Rect/2021/01 dated 03/11/2011	Yes <input type="checkbox"/> NO <input type="checkbox"/> (Put ✓ mark)
Advertisement No.	NITS/Rect/Faculty/2023/01
Date	12 <sup>th</sup> July 2023

Post Applied For	
AGP	
Department	
Specialization	

**FEE REMITTANCE DETAILS:**

DD No. & Date	Amount	Bank
If exempted, specify reason (SC/ST/PwD/Woman/shortlisted earlier):		

1	<b>Full Name of Applicant (In Block Letters)</b>		Affix Passport Size (4 x 5 cm) Photograph
2	<b>Father's Name</b>		
3	<b>Mother's Name</b>		
4	<b>A. Marital Status:</b>	<b>B. Gender:</b>	
5	<b>A. Permanent Address</b>	<b>B. Correspondence Address</b>	
	City: ..... PIN: .....	City: ..... PIN: .....	
	District: .....	District: .....	
	State: .....	State: .....	
	Contact No.: ..	Contact No.: ..	
6	Phone No. with STD Code		

	Mob. No: .....	Alternate Mob. No.: .....
	Email ID:	
	Alternate Email ID:	
7	<b>Date of Birth (DD/MM/YYYY)</b> (Must enclose Self attested copy of Certificate)	
8	<b>Age</b> (As on 14.08.2023)	
9	<b>Nationality</b>	
10	<b>Religion</b>	
11	<b>Category</b> (UR/ST/ SC/OBC/PwD/EWS) (Please enclose self-attested copy of certificate)	
12	<b>Photo ID Proof</b> Please mention (Aadhar/PAN/Passport/Voter ID/Any Other Govt. ID)	Type of ID: ..... ID Number: .....
13	<b>If you are employed,</b> State whether NOC is enclosed.	Yes / No

14. Whether Differently Abled: (Put ✓ mark)  Yes /  No

\* If Yes, please mark (✓) the category:  A  B  C  D  E

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)

### 15. Educational Qualification:

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

Educational Qualifications (Under Graduation onwards)							
B	Name of Degree	Discipline	University/ Institution	Grade Point/ % of Marks	Grade/ Division	Year of passing	Encl. No.
	Bachelor's						
	Master's						
	Other (If Any)						

B (iii)	Name of Degree	Discipline	University/ Institution	Year of Award	Encl. No.
	Ph.D.				

	Thesis Title	
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B (iv)	Name of Degree	Discipline	University/ Institution	Duration		Encl. No.
				From	To	
	Post Doctoral Fellowship					
	Area of Research					

B (v)	Name of Degree	Discipline	University/ Institution	Duration		Encl. No.
				From	To	
	Others (If Any)					

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

## 16. Experience

A	Detail of Teaching Experience (In reverse Chronological order) (Attach extra sheet, if needed)									
S. No.	Organization	Post	Period		Duration		PB & G-Pay/ Pay level	Nature of Responsibilities	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.

S. No.	Organization	Post	Duration		Experience		Permanent/Te mporary/ Contract	Encl. No.
			From	To	Y	M		
1								
2								
Total								

Total Experience (16A + 16B) in Years and Months	
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## 17. Additional Relevant Information (In Support of Candidature):

S. No.	Particular	Name of Award (UG Onwards)	Name of Awarding (State/National/ International) Government Organization	Encl. No.
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			

**18. Character & Antecedents Report:**

S. No.	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		

**19. 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: .....

Place: .....

Signature

**20. Details of Present Employment and Employer’s Endorsement**  
**(Candidate may produce NOC in lieu of this endorsement at the time of Interview)**

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					
Basic Pay		Designation:			