# APPLICATION FOR THE POST OF DIRECTOR GENERAL, NIELIT

## <u>PART – I</u>

## PROFORMA FOR APPLICATION

Mode of Recruitment	(A) Direct Recruitmer	nt (B) Tran	nsfer ( <i>Absor</i>	<i>ption</i> ) / Deput	ation
	(please tick the re	elevant option)			
1. Name in full	:				
			Aff ph	ix passport otograph	size
2. Name and Address (In Block Letters)	s :				
3. Father's name	:				
4. Sex	: Male /	Female			
5. Nationality	:				
6. Date of Birth	:	Age:	Y	M	D
(proof of Date of Birt	th must be enclosed)	(as on o	closing date	of application	.)
7. Marital Status	:				
8. Whether belong to SC/ST/OBC/PH/		enclosed)			
9. Address for corres	pondence (with pin cod . FAX & e-mail, if any)	·			
10. Permanent Addre					

11. (A) Academic & Professional Qualifications: (Beginning with Graduation)

Name of the Instt./Board/University	Year of passing	Examination / Degree	Percentage of marks in Aggregate and Division

(specify the gap with reasons in Education career)

- 12. Field of Specialization:
- 13. Resume of Research work and publications: (one set of reprints to be furnished, if available)
- 14. Employment history in chronological order & experience: (attach separate sheet in following format, if necessary)

Name & address of	Period of	Designation	Scale of	Detailed	Reasons
employer/Organization	service	of the post	pay and	description	for leaving
/ Institution	From	held	Basic	of work	each post
	То		Pay (with		
			Pay		
			Band &		
			GP)		

### 15. Professional Training:

Organization	Details of Training	Period	
		From	То

	evements in the career which support your candidature	:		
17.Detai	ls of present employment	:		
i)	Designation of the post held	:		
ii)	Scale of pay of the post	:		
iii)	Total emoluments per month (with break up – Basic, GP, H			
iv)	Whether present post is held Deputation or ad-hoc basis ar			
v)	If on deputation, details of pos Regular basis / scale of pay as	n, details of post held on / scale of pay and since when :		
vi)	Name of the Organization with Name and Designation of the And Telephone / FAX number	contact person		
vii)	Category of the Organization :			
	<ul><li>(a) Government / State Gover</li><li>(b) PSU / Autonomous Body</li><li>(c) Private</li></ul>	nment		
18. A bri	ief write-up as to how you plan	to take NIELIT forward as its Director General.		
19. Any	other information :			
/ distor	to the best of my knowledge arted. If at any time, I am fou	clare that all the above statements are true and nd belief. Nothing is false or has been concealed and to have concealed / distorted any material able to summary termination without notice.		
Place : _	Sią	gnature:		
Date : _	Nai	me of the applicant :		
	e-	mail ID :		
		el. No.:		
		obile No.:		

#### <u>PART – II</u>

(To be filled in by the Competent Authority in the case of candidates who are Presently working in Government / PSU / Autonomous Organizations only)

### **Certified that:**

- (i) The information given above by the officer is correct.
- (ii) No Vigilance / Disciplinary Proceedings are either pending or contemplated against the above mentioned officer.

Date:	Signature:
	Name :
	Designation:
	Department:
	Organization :