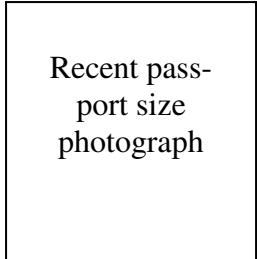


National Institute of Electronics and Information Technology (NIELIT)

Department of Electronics and Information Technology (DeitY)
Ministry of Communications and Information Technology, Government of India
Telephone: 011-24363330-1-2, 24366577-79,80 Fax: 011-24363335,24363937

Application Form

(Read the instruction carefully, before you start filling up the Application Form)



1. Name of the Post _____

2. Name of the Candidate
(In capital letter)

3. Father's/Husband's
Name (In capital letter)

4. Sex (Male / Female) 5. Nationality 6. Religion

7. Marital Status: (married, single, widower or widow)

8. Spouse Name

9. Date of Birth (DD/MM/YYYY)

10. Address with Pin-code, e-mail, Mobile number and Landline No.(R)

Address : _____

Pin Code _____
E-mail : _____ Mobile No. _____
Landline No. (R) _____ (O) _____

11. Type of Disabilities (VH/OH/HH) :

12. Community (UR/SC/ST/OBC)

13. Is scribe required (Yes/No)

14. VISIBLE MARKS OF IDENTIFICATION ON BODY
(To be filled compulsorily, if no such mark, write "Nil")

15 Educational History: (from Xth Class in chronological order):

Name of Institution / Board / University	Exam / Degree	Year of Passing	Main Subjects	Marks %age aggregate and Division

16. Employment records (from latest in chronological order):

Name & address of employer / institution	Period of service From - To	Designation (with scale of pay)	Description of work	Whether permanent or temporary	Reason of leaving

DECLARATION:

I certify that the above information is correct and complete to the best of my knowledge and nothing has been concealed / distorted. If at any time, I am found to have concealed / distorted any material information; my appointment shall be liable to be summarily terminated without notice or compensation. Also I shall, if and when required, take temporary / permanent duty in the discharge of NIELIT assignments anywhere in India or abroad.

Place:.....

Date:.....

Signature of the candidate
Name:

PART – II

(To be filled in by the Competent Authority in the case of Candidates who are presently working in Government / PSUs / Autonomous Organizations)

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.

Signature:.....

Name:.....

Designation:.....

Place:

Department /

Organization:.....

Date:

(Seal)

DECLARATION TO BE SUBMITTED BY VISUALLY HANDICAPPED CANDIDATES/THOSE CANDIDATES WHOSE WRITING SPEED IS AFFECTED BY CEREBRAL PALSY

PARTICULARS OF SCRIBE PROPOSED TO BE ENGAGED BY THE CANDIDATE

- 1. Name of Candidate :
- 2. Date of Birth of the Candidate :
- 3. Name of the Scribe :
- 4. Father's Name of the Scribe :
.....
- 5. Address of the Scribe :
(a) Permanent Address
:.....
.....
.....
.....
.....
.....
(b) Present Address :
.....
.....
.....
- 6. Educational Qualification of the Scribe :
.....
.....
- 7. Relationship, if any of the Scribe to the Candidate
.....
- 8. Declaration :

CONTROL NO. (FOR OFFICE USE)
Paste here recent colour photograph of the SCRIBE of size 3.5cmx3.5cm (The colour photograph should not be more than 3 months old)
Signature of the SCRIBE in the above box below the photograph

We hereby declare that the particulars furnished above are true and correct to the best of our knowledge and belief. We also declare that:

- (a) The academic qualification of the SCRIBE is below the qualification prescribed for the post applied for :
- (b) The academic discipline of the SCRIBE is different from that of the candidate as the application is for a specialist post. Delete the portion not applicable)
*Strike out which not applicable.

(Signature of the Candidate)

Left Thumb impression of the candidate
In the box give above

(Signature of the Scribe)

Left Thumb impression of the scribe
In the box give above