NATIONAL INSTITUTE OF TECHNOLOGY SILCHAR

(An Institute of National Importance under MHRD, Government of India)

Application. No. [   ]

(For office use only)

APPLICATION FOR THE POST OF SECURITY OFFICER [   ]

APPLICATION FOR THE POST OF ASSISTANT SECUIRITY OFFICER [   ]

Recent Passport Size Photograph

(Self Attested)

1. Name of the Applicant (in Block Letters)

2. Mother's Name

3. Father's Name

4. Date of birth (as per 10th Class / S.S.C. Certificate)

D	D	M	M	Y	Y	Y	Y

5. Category
(Tick at the appropriate box)

OC	OBC	SC	ST

6. Gender [   ]   7. Nationality [   ]   8. State of Domicile [   ]

9. Aadhaar No/EPIC No:

10.

Permanent Address	Corresponding Address
PIN:	PIN:

11. E-Mail : _____

12. Contact No (Self) :_____   Alternative Nubmber: _____

13. Applicant Status: Currently Employed [   ]   Currently Unemployed [   ]

14. Details of Qualifying Examination Passed

	Exam Passed	Board / University	Name of the Institute/school	Year of Passing	Percentage/ CGPA
10th					
12th					
Graduation					
Any Other					

15. Work Experience (with organization details and job profile, enclose necessary proof)

Name of Employer	From	To	Duration (in months)	Designation	Last pay drawn

16. Details of enclosures (self-attested certificates /documents) attached with Application Form :

    a. ………………………………………… b ……………………………..……………………….

    c. ………………………………………… d ……………………………..………………………..

    e. ………………………………………… f ……………………………..………………………

    g. ………………………………………… h ………………………………………………………..

    i. ………………………………………… j ………………………………………………………..

    k. ………………………………………… l …………………………………………………………

DECLARATION OF THE APPLICANT

I herewith solemnly and sincerely affirm that the statements made and the information furnished in this application form and also the enclosures thereto submitted by me are true. Should it, however, be found false at any stage, I realise that I am liable to be prosecuted and forfeit my selection if selected in the Institute.

Place:

Date: *Signature of the Applicant*

FOR OFFICE USE

Shortlisted / Not Shortlisted   **Signature of the Authority**