



राष्ट्रीय प्रौद्योगिकी संस्थान पुदुच्चेरी
थिरुवेत्ताकुडी, करैक्काल – 609 609
NATIONAL INSTITUTE OF TECHNOLOGY PUDUCHERRY
Thiruvettakudy, Karaikal – 609 609

Application Form for Faculty on contract – for Integrated B.Sc.-B.Ed. program

For office use
APPL. No:

Walk-in Interview for Faculty on Contract
[Purely Temporary position on Contract basis]

Please read the information carefully on website prior to filling up this application form. You may use separate sheet/s wherever required. **Documentary evidence(s) is/are to be attached for the data provided in this application failing which due weightage will not be given during scrutiny.**

Advertisement No. & Date:

Post Applied for: **Faculty on contract – for Integrated B.Sc.-B.Ed. program**

Please affix recent
passport

Specialization:

1. (i) Full Name (in **BLOCK** letters) :

(ii) Father's/Husband's Name :.....

(iii) Whether belonging to GEN/ SC/ST/OBC/PH:
(Attach Certificate)

2. Date of Birth: 3. (a) Nationality: (b) Gender: Male/Female/ Others

(c) State/UT to which you belong:

(d) Marital Status: Married / Unmarried / Divorced

4. Postal Address for correspondence.

5. Permanent Address (with Phone no. & Mobile):

.....

.....

.....

.....

.....

.....

.....Pin Code:

.....Pin Code:

Phone No.: Office:

Phone No.: Office:

Res.:

Res.:

(With STD Code)

Mobile No.:E-mail ID:

6. (a) Educational Qualifications (Start with Highest Qualification):

Sl. No.	Examination Passed	Name of the University/Board	Month & Year of Passing	Subject/ Specialization	% of Marks/ Grade (CGPA)	Division / Class

(b) Details of NET / SLET (if any, attach proof)

.....

7. Prizes, Awards, Rank received etc. (if any, attach certificate):

.....

.....

8. (a) Post held at present:

Post held	Date of Appointment	Nature of the Post (Temporary/Probation/ Permanent)	Name & Address of Employer *

* Copy of appointment order to be attached

(b) Present Pay Scale: AGP/GP Any other Pay:.....

Basic Pay: Dearness Allowance: Gross Pay:

Emolument:

(c) Type of organization (Government/Semi-Government/Govt. Aided/Autonomous Body/ Private etc.)

.....

.....

9. Professional Experience (In the reverse chronological order):

Sl. No.	Name of the Employer	Post held	Period of Employment		Pay Scale and Basic Pay drawn	Total Emolument	Reasons for Leaving
			From	To			

10. (a) Total Experience:

(i) Teaching U.G.:.....Year(s)Month(s)

P.G.:.....Year(s) Month(s)

(ii) Research (excluding Ph. D duration) :Year(s) Month(s)

(iii) Industrial :Year(s)Month(s)

(b) Any break in Service: Yes/No

If yes, state the period of break & reasons:Year(s)Month(s)

.....

11. (a) Thesis supervised: M.Sc. / M.S. / M. Phil. (If any)

Sl. No.	Title of the Thesis Supervised	Completed (year)	In progress (With Status)	Principal or Co-Supervisor

(b) List of Publications (International and National Journals, identify whether UGC approved list):

Attach proof

Sl. No.	Journal name	Month/ Year / Page No.	Vol. No./ Issue No.	Title of the paper	Whether UGC approved (Y/N)

(c) Conference/ Symposium (International and National level) attended (attach proof):

Sl. No.	Name of the International or National Conference/Symposium with Venue	Month/ Year / Page No.	Vol. No./ Issue No.	Title of the paper

(d) Conference / Seminar / Workshops organized as Coordinator/Chairperson:

Sl. No.	Title of the Conference / Seminar / Workshop organized	Month/ Year	Venue	Sponsoring Authority

(e) Summer / Winter Schools/ Training Programmes attended:

Sl. No.	Title	Venue	Duration	Sponsoring Authority

(f) Experiments or Computational design projects added to Teaching modules:

Sl. No.	Name of the Lab. & Institute	Title of the Experiment / Design Project	Year in which added

(g) Any E-learning material prepared for Teaching/Pedagogy :.....

.....

12. Extra Curricular Activities:
.....

13. Please give details of two referees (Not related to the candidate), At least one should be the current / previous employer:

(i) Name:	(ii) Name:
Designation:	Designation:
Full Address:.....	Full Address:
.....
.....
Contact No.	Contact No.
E-mail:.....	E-mail:.....

14. Any other relevant information :.....
.....
.....

DECLARATION

I declare that the statements made in this application are true to the best of my knowledge and belief. I understand that misleading or wrong information supplied may lead to summarily rejection of application / appointment (if found subsequently).

Date:

(Signature of Applicant)

Place:

Check list for proofs attached -

Particulars	Attached	Not attached
10 th or equivalent		
12 th or equivalent		
UG		
PG		
B.Ed.		
NET/SLET		
Ph.D.		
Experience		
Publications		
Aadhar		

Signature of Applicant