NATIONAL INSTITUTE OF TECHNICAL TEACHERS' TRAINING & RESEARCH, BHOPAL Shamla Hills, Bhopal - 462 002 (Ministry of Education, Govt. of India, New Delhi)

<u>APPLICATION FORM FOR NON-TEACHING POSITIONS ON DEPUTATION</u> (Please submit the form through the proper Channel only)

Application No.

(For office use only)

Revised Advt. No. 03/2023-24

	mit a Separate Application post on Deputation.	on for each post, if you are applying for more than	Self-attested				
Nan for	ne of the Post Applied		recent passport coloured Photograph	size			
1.	Name (in Block Letters)						
	Father's/Husband's Name						
2.	Address for correspondence including Tel./Fax Nos., e-mail)						
	Mobile No.						
	Alternate Email Address						
	Permanent Address						
3.	a) Age C	Date of Birth dd/mm/yy	Gender				
	(on closing date of receipt of application)						
	b) Marital Status (Please						
4.	Nationality:	ality: Religion(Please specify)					
5	Information should be provided with documentary evidence (where required)						
	a. Category: GEN/SC/ST/OBC b. Physically Handicapped: Yes/No						

6	Educational Qualifications (High school onward)												
	Exam Passed	Name of Institution			Year Grade/					Subjects			
		Board/ University		From To Percent		Percenta							
							of Marks						
	Experience: in Chro												
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8	Any other signific	ant achie	vement/	devel	onn	nent	_						
Ŭ	Any other significant achievement/development.												
9	Present Pay Band	Present Pay Band Basic Pay Rs											
10	Do you give your concept for the cumply of nercenal Vec/Ne												
10		Do you give your consent for the supply of personal Yes/No											
	information/documents as furnished in the application form and submitted by you with the application, in case asked for under RTI Act-												
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11	Name and address of two referees not related to the candidate:												
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12	Justify your suitability for the post based on qualifications & experience and job description advertised					
13	Enclosures:	1				
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l here my a	I hereby declare that the information given above is true to my knowledge and if found incorrect, my appointment is liable to be cancelled					
Date:						
Place	3	Signature of the Applicant				
	L					

Note:

- Please see the instructions before filling up the form.
 Please use additional sheets where the space is not adequate.
 For details visit our website www.nitttrbpl.ac.in