

NIELIT, Chandigarh

Application Form for the post of Senior / Junior Faculty for CABA – MDTP Main Centre of NCPUL

Post Applied For _____ (Senior/Junior)

(PLEASE FILL IN CAPITAL LETTERS ONLY)

Name of the Candidate:	Mr/Ms		
Father's Name:			
Date of Birth(DD/MM/YYYY): Age as on 01.07.2019		Gender (Please tick)	Male /Female
Res. STD & Phone No.		Mobile No.	
Nearest Fax No:(with STD)			
Email:--			
Aadhar No.			

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HERE

Correspondence Address: _____

Tehsil: _____

District: _____ State: _____ Pin Code: _____

Permanent Address _____

Educational Qualifications

S.No.	Qualification	Qualification Name	University Name	Year of Passing	Percentage / Grade
1	10+2 (XII)				
2	Graduate Degree				
3	Post Graduate Degree				
4	NIELIT 'O' / 'A' / 'B' Level				
5.	CABA-MDTP / CAM-DTP Diploma				
6.	Any Other				

Application Fee details of Rs 350/- : UTR No. (RTGS/NEFT) _____ Date: _____

Name of Bank : _____

(NIELIT Chandigarh, PNB Account No. 7854005900000019, IFSC : PUNB0040800)

Are you enrolled in any other Diploma /Degree at present? If Yes, give details as under:-

S.NO.	Diploma / Degree	University Name	Expected Month & Year of Completion
1			
2			

Have you ever worked in NCPUL Centre (Y/N)?

If yes, then give particulars below:-

Centre Code		Centre Name	
District		State	
Designation		Joining Date	
No of Months/ Years		STD+Phone	
Mobile No		Nearest Fax No.	
Joining Date		Date of Relieving	

If previously employed in any other organisation, please fill in below given columns

Organisation			
District		State	
Designation		STD+Phone	
Mobile No		Nearest Fax No.	
Joining Date		Date of Relieving	
Any Knowledge of Hardware			
Knowledge of Urdu Language			

Order of preference for CABA-MDTP NCPUL Centres

Pref. no.	Centre Code	Name of the Centre	State	District	Distance of your Residence from CABA-DTP Centre (in Km)
1					
2					
3					

I hereby declare that the details furnished above are true and correct to the best of my knowledge, belief and nothing has been concealed thereof. In case the above information is found to be false then I may be held liable for it.

Date :

Place :

(Signature of the Applicant)