



Application Form for the Position/Post:
FIELD ASSISTANT / PROJECT MULTITASKING
for DST–CCP–HICAB Research Project, Dept of Civil Engineering, NIT Manipur

1. Full name of the candidate : _____
(in block letters)
2. (a) Advertisement No. : _____
(b) Post applied for : _____
(c) Specialisation : _____
3. Date of Birth : _____
4. Father's Name : _____
Mother's Name : _____
5. Nationality, Religion, Gender : _____
6. Present Postal Address : _____
(in block letters)

7. Permanent Address : _____
(in block letters)

8. Tel. Nos: Landline (with
STD code) : (O) _____ (R) _____
Mobile No. : _____
9. Email ID : _____

Affix self
attested
passport
size
photograph



राष्ट्रीय प्रौद्योगिकी संस्थान, मणिपुर
NATIONAL INSTITUTE OF TECHNOLOGY MANIPUR

(An Autonomous Institute under MHRD, Govt. of India)

Langol, Lamphelpat, Imphal – 795 004

Ph. (0385) 2413031, e-mail: admin@nitmanipur.ac.in

10. Category: _____
SC/ST/OBC/PHD/EWS

11. Marital Status: _____

12. Languages known (Read Write , Speak)

1. _____

2. _____

3. _____

13. Education qualifications (starting with the highest degree):

Degree awarded/ Examination passed	University/Board	Year of passing	Percentage of marks obtained/ CGPA	Core Subject(s)
BSc/BA/B Tech/Diploma				
Senior Secondary (Plus Two)				
High School				
Others				

14. List of all your previous employments in order (as applicable)

Sl. No.	Name of Employer	Designation	From	To	Salary Details	Brief description of duties	Reasons for leaving

15. (i) Present Scale of Pay _____ (ii) Basic Pay _____

(iii) Date of Next Increment _____ (iv) Gross Pay _____



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16. Period required for joining the post, if selected _____

17. Brief details of Co-curricular and extra-curricular activities:

Sl. No	Activity	from	to	Remarks

18. Any other relevant information you may like to furnish: (Attach separate sheets)

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19. References:

(Responsible persons, not related to the applicant but closely acquainted with academic and professional work)

Name and Designation	Address
1.	Phone : _____ Fax : _____ E-mail : _____
2	Phone : _____ Fax : _____ E-mail : _____
3	Phone : _____ Fax : _____ E-mail : _____

20. List of Enclosures (self-attested
Photostat copies of
certificates/testimonials)

i	v
ii	vi
iii	vii
iv	viii

21. Declaration

I certify that the aforementioned information is correct and complete to the best of my knowledge and belief.

Place _____

Date _____

(Signature of Candidate)