

Takyelpat, Imphal, Ph. (0385) 2058566 / email:- nitmanipur@yahoo.in
An Autonomous Institute under MHRD, Govt. of India.

1.	Full name of the candidate (in block letters)	:		Affix self attested passport size photograph
2.	(a) Advertisement No.	:		photograph
	(b) Post applied for	:		
	(c) Department	:		
	(d) Specialisation	:		
3	Date of Birth	:		
4.	Father's Name	:		
	Mother's Name	:		
5.	Nationality & Religion	:	-	
6.	Present Postal Address (in block letters)	:		
7.	Permanent Address (in block letters)	:		
8.	Tel. No: Landline (with STD code)	:	(O)(R)	
	Mobile No.	:		



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9.	Email ID	:								
10.	Whether belongs to SC/ST/OBC/PHD	:								
11.	Marital Status	:								
12.	Languages known (Read Write, Speak)		1. 2.							
13.	Education qualification	ons (Starting w								
	Degree awarded/ Examination passed	Univ./Board		Year of passing	Percentage of marks obtained/	Subject(s)				
	PhD									
	M Tech/M Phil									
	B Tech/MSc									
	B Sc.									
	Senior Secondary (Plus Two) High School									
	Others									
14. ′		or MTech/M.Ph r Ph D								



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Sl. No.	Name of Employer	Designation	From	То	Salary Details	Brief description of duties	Reasons : leaving
(i) T	eaching					1	
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(11)Ot	her than teach	ing 					
i) Pres	ent Scale of P	ay		_ (ii)	Basic Pay		
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ii) Da) Basi Details No.	te of Next Inc. c Pay acceptal of visits to Fo Count	rementble oreign Countrie ry Visited ties undertaken	s: (In cas	(iv	r) Gross Pay isits relating to his od of stay	s profession or Purpose	nly)
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(b)]	Paper p	ublications in National J	ournals				
	Sl. No.	Title of paper	Co-author(s), if any	Name of th Journal	e	Vol. & Year	Pages
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	Sl. No	Title of paper	Co-author(s), if any	Name of the	e Confere	nce	Date & year
(d)]	Papers]	 publication in National (Conference				
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(e) l	Details Sl.	of M Tech students guid	led / Continuing	Year	Title of	the Disc	ortation
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20.		Monographs written / ur					
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Sl No.	From	То			Schools/ Course	Winter Schoo			inan		
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30. Any other relevant information	you may like to furnish: (Attach separate sheets)
31. References:		
	lated to the applicant bu	at 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:	
34. List of Enclosures		
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iii	vii	
iv	viii	
35. Declaration		
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•	normation is correct and co	omplete to the best of my knowledge and
belief.		
Place		
Date		
		(Signature of Candidate)
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