



Regn. No. _____

Date: _____
(FOR OFFICE USE)**INDIAN INSTITUTE OF TECHNOLOGY KANPUR****APPLICATION FORM FOR APPOINTMENT ON GROUPS-B&C POST(S) BY SELECTION****[CANDIDATES ARE ADVISED TO FILL THE FORM IN HIS/HER OWN HANDWRITING & BLOCK LETTERS ONLY]**

1. Details of Demand Draft:

| Demand Draft No. | Date of issue | Amount (Rs.) | Issuing Bank name & Code No. |
|------------------|---------------|--------------|------------------------------|
| | | | |

2. Advt. No. Sl. No. Post

3. Name in Full (in capital letters) : _____

4. Father's Name : _____

5. Date & Place of Birth : _____

6. Nationality : _____

7. Sex (Male/Female) ; _____

Affix a recent
passport size
photograph
duly attested by
the candidate

8. Postal Address:

| Present | Permanent |
|------------------------|------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| PIN _____ Mobile _____ | PIN _____ Mobile _____ |
| Phone _____ Fax _____ | Phone _____ Fax _____ |
| E-mail _____ | E-mail _____ |

9. Nearest Railway Station : _____

10. Name of the State to which you belong (Domicile): _____

11. Name of the religion to which you belong: _____

12. Do you belong to category of SC/ST/OBC ? : _____
(If yes, enclose certificate issued by the competent authority on the format prescribed by the Government of India)13. Do you belong to the sub-category of Ex-servicemen /Physically Handicapped ? _____
(If yes, please mention the category and attach a certificate signed by the competent authority on the format prescribed by the Government of India)14. Whether claiming reservation under SC/ST/ OBC/Ex-servicemen/Physically Handicapped category? _____
(Please note that the benefit of reservation can only be claimed by the candidate when the post(s) has been reserved as such and the candidate has furnished the requisite certificate)

15. Have you ever been convicted by a court of Law or is there any criminal case/disciplinary action/vigilance enquiry pending against you? If yes, specify: _____

16. Educational/Professional/Technical Qualifications: (Attach attested copies of certificates/mark sheets etc.)

| Examination passed | Board/ University | Duration of Degree/Dip. /Training | Year of passing | Division with % of Marks | Subject(s) studied | Specialization |
|--------------------|-------------------|-----------------------------------|-----------------|--------------------------|--------------------|----------------|
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17. Details of employment in reverse chronological order (attach separate sheet, if necessary).

| Deptt./Institute | Post held | Regular/ Temporary/ Permanent/ Contract | Period of employment | | Period of each employment in year/month | Scale of Pay and Basic pay/Gross pay | Nature of Duty |
|------------------|-----------|---|----------------------|----|---|--------------------------------------|----------------|
| | | | From | To | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |

18. If appointed, how much time would you require for joining the post? _____

19. Are you willing to accept the minimum of pay scale as initial basic pay? If not, specify the amount _____

20. Are you a corporate member of any professional Institute, if so, give details: _____

21. Additional Remarks, such as special qualification or experience etc which has not been covered above (if required, attach a separate sheet).

22. Details of enclosures: (attach separate sheet)

DECLARATION

I hereby declare that I have carefully read and understood the instructions and particulars supplied to me and that all the entries in this form are true to the best of my knowledge and belief. I also declare that I have not concealed any material information which may debar my candidature for the post applied for. In the event of suppression or distortion of any fact like category or educational qualification etc. made in my application form, I understand that I will be denied any employment in the Institute and if already employed on any of the posts in the Institute, my services will be terminated forthwith.

Place.....

Date.....

Signature of the Candidate

Apart from the information required on pages 1 & 2, the following information is also necessary to be furnished.

(1) Details of family members (indicate who are presently dependent upon you):

| Relation | Name & Age | Dependent | Suffering from any disease? | Give details if you or any of your dependents suffering from any of the following ailments: (a) Hypertension, (b) Diabetes, (c) Heart disease, (d) STD/ISD, (e) AIDS, (f) Infectious Skin disease, (g) Renal disorder, (h) Thalassaemia or (i) Br. Asthma? |
|-------------|------------|-----------|-----------------------------|--|
| Self | | Self | Yes/ No | |
| Father | | Yes / No | Yes/ No | |
| Mother | | Yes / No | Yes/ No | |
| Brother(s) | | Yes / No | Yes/ No | |
| Sister(s) | | Yes / No | Yes/ No | |
| Spouse | | Yes / No | Yes/ No | |
| Son(s) | | Yes / No | Yes/ No | |
| Daughter(s) | | Yes / No | Yes/ No | |

(2) Any other information, which the candidate may like to furnish:

(3) Please make a right tick to the source from where you have come to know about the vacancy:

| | | | | | |
|----------------------------|--|----------------|--|---------------------------------|--|
| Employment News | | Times of India | | Any other Source (give details) | |
| Dainik Jagran (Nai Rahein) | | The Hindu | | Institute Website | |

(4) I hereby declare that the statements made above are true to the best of my knowledge and belief.

Signature of the applicant with date

The Registrar, (Attn.) Recruitment Section [0512-2597391], Room No. 224, 2nd Floor Faculty Building, IIT Kanpur – 208016

ENDORSEMENT BY FORWARDING AUTHORITY

(Only for applicants who are in service of Govt. /Semi Govt. /Autonomous Orgs./PSUs)

Date :

Forwarded.....

**Signature
(Forwarding Authority)**

Office Seal

Name :

Designation: