

INDIAN INSTITUTE OF TECHNOLOGY KANPUR

APPLICATION FORM FOR APPOINTMENT ON GROUP-A 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.: _____ 2A. Name of 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
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-----	-----
-----	-----
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

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			

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. Have you ever been abroad? If so give the following particulars

Country Visited	Duration of Visit	Purpose of Visit

22. Referees:

(These should be persons resident in India and holders of responsible position, and should be intimately acquainted with applicant's character and work, but must not be relations. Where the candidate has been in employment S/he should either give his present or the most recent employer or immediate superior as a referee or produce a testimonial from him in regard to his/her fitness for the post for which S/he is an applicant.)

(a) Name
Occupation or Position
Address alongwith Phone No & E-mail

(b) Name
Occupation or Position
Address alongwith Phone No & E-mail

(c) Name
Occupation or Position
Address alongwith Phone No & E-mail

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

23. 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	
Wife		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:

(i)	Employment News		(ii)	Dainik Jagran	
(iii)	Times of India		(iv)	Institute Website	
(v)	Any other Source (give details)				

(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