



राष्ट्रीय प्रौद्योगिकी संस्थान मणिपुर  
**NATIONAL INSTITUTE OF TECHNOLOGY MANIPUR**

Imphal, Manipur, Ph.(0385) 2058566 / 2445812

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An Autonomous Institute under Ministry of Education, Govt. of India.

**APPLICATION FORM FOR RECRUITMENT OF POSITIONS UNDER C2S PROJECT**

1. **ADVERTISEMENT  
NO. AND DATE**

|  |
|--|
|  |
|--|

2.

| POST APPLIED FOR (TICK) |                          |
|-------------------------|--------------------------|
| Project Associate       | <input type="checkbox"/> |
| Project Assistant       | <input type="checkbox"/> |

|   |
|---|
| <b>PASTE PASSPORT<br/>SIZE PHOTO HERE</b> |
|---|

**PART – A (PERSONAL DETAILS, QUALIFICATIONS AND EXPERIENCE)**

3.

| PERSONAL DETAILS                                      |                      |
|---|----------------------|
| A. Name of Applicant                                  | <input type="text"/> |
| B. Mother's Name                                      | <input type="text"/> |
| C. Father's Name                                      | <input type="text"/> |
| D. Full Address with PIN<br>Address for Communication | <input type="text"/> |

|  |                        |               |               |                        |            |
|--|------------------------|---------------|---------------|------------------------|------------|
| <b>Permanent Address with Police Station and PIN</b>   |                        |               |               |                        |            |
| <b>E. E – Mail ID</b>  |                        |               |               |                        |            |
| <b>F. Mobile No.</b>   |                        |               |               |                        |            |
| <b>G. Gender</b>   | <b>MALE</b>            | <b>FEMALE</b> | <b>OTHERS</b> |                        |            |
| <b>H. Date of Birth</b><br><i>(Attach proof)</i>   | <b>DATE</b>            | <b>MONTH</b>  | <b>YEAR</b>   |                        |            |
|  |                        |               |               |                        |            |
| <b>I. Age as on 31.10.2023</b>   | <b>Years</b>           | <b>Months</b> | <b>Days</b>   |                        |            |
|  |                        |               |               |                        |            |
| <b>J. Marital Status</b>   | <b>MARRIED</b>         |               | <b>SINGLE</b> |                        |            |
| <b>K. Category</b>   | <b>SC</b>              | <b>ST</b>     | <b>OBC</b>    | <b>EWS</b>             | <b>GEN</b> |
| <b>L. Whether belong to PWD</b>  |                        |               |               | <b>YES</b>             | <b>NO</b>  |
| <b>If YES, please specify</b>  | <b>Category of PWD</b> |               |               | <b>% of disability</b> |            |
|  |                        |               |               |                        |            |
| <ul style="list-style-type: none"> <li>• <b>Attach Proof.</b></li> <li>• <b>Attached a separate page if needed.</b></li> </ul> |                        |               |               |                        |            |

4.

#### EDUCATIONAL QUALIFICATION

Give the details of “Educational Qualification” in the following format:

| Degree     | Name of Board / University/ Institute | Department/ Branch (Specialization) | Year of Completion | Div. / Class | % of Marks/ CGPA / CPI |
|------------|---------------------------------------|-------------------------------------|--------------------|--------------|------------------------|
| <b>X</b>   |                                       |                                     |                    |              |                        |
| <b>XII</b> |                                       |                                     |                    |              |                        |

|                              |  |  |  |  |  |
|------------------------------|--|--|--|--|--|
| <b>Diploma</b>               |  |  |  |  |  |
| <b>Graduation</b>            |  |  |  |  |  |
| <b>Post-Graduation</b>       |  |  |  |  |  |
| <b>Ph.D.</b>                 |  |  |  |  |  |
| <b>Others</b>                |  |  |  |  |  |
| <b>Title of Ph.D. Thesis</b> |  |  |  |  |  |

- **Attach Proof.**
- **Attached a separate page if needed.**

5.

### EXPERIENCE

Give the details of "Experience" in the following format:

| Sl. No | Organization | Designation | Period (Date) |    | Duration |       | Pay Scale |
|--------|--------------|-------------|---------------|----|----------|-------|-----------|
|        |              |             | From          | To | Years    | Month |           |
|        |              |             |               |    |          |       |           |
|        |              |             |               |    |          |       |           |
|        |              |             |               |    |          |       |           |

- **Attach Proof.**
- **Attached a separate page if needed.**

**PART – B**

**6. JOURNAL PAPERS IN SCI / SCOPUS/Web of Science**

| <b>Sl. No.</b> | <b>List of Authors</b> | <b>Title of the Paper</b> | <b>Name of the Journal</b> | <b>Publication details (Vol., Year, pp., DOI)</b> | <b>Journal Indexing Information</b> |
|----------------|------------------------|---------------------------|----------------------------|---|-------------------------------------|
| 1              |                        |                           |                            |   |                                     |
| 2              |                        |                           |                            |   |                                     |
| 3.             |                        |                           |                            |   |                                     |

- **Attach First Page of each paper.**
- **Attached a separate page if needed.**

**7. CONFERENCE PAPERS INDEXED IN SCI / SCOPUS / WEB OF SCIENCE  
CONFERENCE / ANY INTERNATIONALLY RENOWNED CONFERENCE**

| <b>Sl. No.</b> | <b>List of Authors</b> | <b>Title of the Paper</b> | <b>Name of the Conference &amp; Organizer</b> | <b>Publication details (Place, Year, pp., ISSN)</b> |
|----------------|------------------------|---------------------------|---|---|
| 1              |                        |                           |   |   |
| 2              |                        |                           |   |   |
| 3              |                        |                           |   |   |

- **Attach First Page of each paper.**
- **Attached a separate page if needed.**

**8. WORKSHOP / SHORT TERM COURSES ATTENDED/ORGANISED**

| Sl. No. | Title of the Workshop / Short Term Courses | Venue | Applicant's Role (Attended/ Organiser) | Duration |    |             |
|---------|--|-------|--|----------|----|-------------|
|         |  |       |  | From     | To | No. of Days |
| 1       |  |       |  |          |    |             |
| 2       |  |       |  |          |    |             |
| 3       |  |       |  |          |    |             |

- **Attach Proof.**
- **Attached a separate page if needed.**

I hereby declare that all the information given above is correct to the best of my knowledge and belief. I have carefully checked that the position for which I am applying has been advertised by NIT Manipur. I fully understand that if it is found that any information given in the application is incorrect/false or if I do not satisfy the eligibility criteria at a later date, my candidature/appointment is liable to be cancelled.

Date:

Signature of Applicant

**Recommendation / Comments of the present employer with office seal:**

(For employed persons only)

Seal with Date:

Signature of Employer