



Application for the Post: **PROJECT ASSISTANT**
for FLEWS–MANIPUR PoA Project, Dept of Civil Engg, 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

Recent Passport

Size
Photograph
(in colour)



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)
M.Tech/M.Sc				
B.Tech/B.E/B.Sc				
Senior Secondary (Plus Two)				
High School				
Others as GATE/NET				

14. Topic of Thesis/Project

(a) For M.Tech. _____

(b) For B.Tech _____

15. Field of specialization _____

16. 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
(i) Teaching/ Research							



(ii) Other than Teaching/Research							

17. Research Profile: (in the format as provided affix first page of each paper along with the Application Form)

Sl. No.	Name of Professional Bodies	Grade of membership	Membership no. With validity

(a) Paper publications in International /National Journals

Sl No.	Title of paper	Co-author(s), if any	Name of the Journal	Vol. & Year	Pages

(b) Paper publications in National Journals

Sl. No.	Title of paper	Co-author(s), if any	Name of the Journal	Vol. & Year	Pages

(c) Papers publication in International Conferences

Sl. No	Title of paper	Co-author(s), if any	Name of the Conference	Date & year

18. Seminars/Short Term Courses/Summer Schools/Winter Schools **attended**

Sl No.	From	To	Institute/Industry	Sponsored by	Name of the Course

19. Sponsored Projects undertaken/engaged in

Sponsoring Agency	Title of the Project	Area	Period	Amount of grant	Whether completed	Accomplishment



20. Membership of Professional Bodies

Sl. No.	Name of Professional Bodies	Grade of membership	Membership no. With validity

21. Awards/Recognitions, if any: _____

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

Sl. No	Activity	from	to	Remarks

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

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24. References:

(Key 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 : _____

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

- | | |
|-----|------|
| i | v |
| ii | vi |
| iii | vii |
| iv | viii |

26. Declaration

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

Place _____

Date _____

(Signature of Candidate)