



राष्ट्रीय प्रौद्योगिकी संस्थान, मणिपुर  
**NATIONAL INSTITUTE OF TECHNOLOGY, MANIPUR**  
Takyelpat, Imphal, Ph. (0385) 2058566 / email:- [nitmanipur@yahoo.in](mailto:nitmanipur@yahoo.in)  
An Autonomous Institute under MHRD, Govt. of India.

**Affix self  
attested  
passport  
size  
photograph**

1. Full name of the candidate : \_\_\_\_\_  
(in block letters)
2. (a) Advertisement No. : \_\_\_\_\_  
(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 : (O) \_\_\_\_\_  
code) : (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. \_\_\_\_\_  
3. \_\_\_\_\_
13. Education qualifications (Starting with the highest degree)

Degree awarded/ Examination passed	Univ./Board	Year of passing	Percentage of marks obtained/ CGPA	Subject(s)
PhD				
M Tech/M Phil				
B Tech/MSc				
B Sc.				
Senior Secondary (Plus Two)				
High School				
Others				

14. Topic of Thesis  
(a) For MTech/M.Phil \_\_\_\_\_  
(b) For Ph D \_\_\_\_\_



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15. Field of specialization \_\_\_\_\_

16. List of all your previous employments in order (Most recent first)

Sl. No.	Name of Employer	Designation	From	To	Salary Details	Brief description of duties	Reasons for leaving
(i) Teaching							
(ii) Other than teaching							

17. (i) Present Scale of Pay \_\_\_\_\_ (ii) Basic Pay \_\_\_\_\_

(iii) Date of Next Increment \_\_\_\_\_ (iv) Gross Pay \_\_\_\_\_

(v) Basic Pay acceptable \_\_\_\_\_

18. Details of visits to Foreign Countries: (In case of visits relating to his profession only)

. No.	Country Visited	Period of stay		Purpose of Visit
		From	To	

19. Research activities undertaken (Specify total No. and attach list of publication in the each category as per format given)

(a) Paper publications in International 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

(d) Papers publication in National Conference

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

(e) Details of M Tech students guided / Continuing

Sl. No.	Name of Student	Year	Title of the Dissertation

(f) Details of PhD Students guided / Continuing

Sl. No	Name of Student	Year	Title of the Dissertation

(g) Patents registered/filed (with registration No. & date)

Sl. No	Title	Registration	Date

20. Books/Monographs written / under process:

Sl. No.	Name of book/ monograph	Name of Co-author, if any	Year of Publication	Publisher with address



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21. Consultancy works undertaken:

Sl No	Period	Organization	Nature of Work	Co-consultant, if any

22. Seminars/Short Term Courses/Summer Schools/Winter Schools organized

Sl No.	From	To	Name of the Course	Sponsored by	No. of participants	
					From institutes	From Industry

23. Seminars/Short Term Courses/Summer Schools/Winter Schools attended

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

24. Sponsored Projects undertaken

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

25. Membership of Professional Bodies

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

26. Administrative Responsibilities held / Continuing

Sl. No.	From	To	Position held	Responsibilities

27. Awards/Recognitions won, if any: \_\_\_\_\_

28. Period required for joining the post, if selected \_\_\_\_\_

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

Sl. No	Activity	from	to	Remarks



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

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31. References:

(Responsible 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 : _____

34. List of Enclosures

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

35. Declaration

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

Place \_\_\_\_\_

Date \_\_\_\_\_

**(Signature of Candidate)**