NATIONAL INSTITUTE OF TECHNOLOGY SILCHAR
ESTABLISHMENT SECTION

No. NITS/Estt/Redeployment/17/72-1/2

## CIRCULAR

As per para 5 of MHRD letter F. No. 15-15/2008-TS.III dated 21.04.2017, eligible supernumerary staff are to be promoted against regular cadre and suitably redeployed to new posts / designations subject to their eligibility, educational qualification and grade pay / level.

- The eligibility criteria, education qualification and grade pay for the posts will be as per MHRD letter No. F. 33-2/2012-TS.III dated 20.12.2017.
- In view of above applications are called from all the REGULAR Supporting Staff (erst while Group D) of this institute as per the prescribed proforma. The last date of submission of application form is  $\underline{13.04.2018}$ .
- This issues with the approval of Competent Authority.

REGISTRAR

Copy forwarded for information and action where necessary to: -

- 1 PA to Director for kind information of the Director
- 2 All Deans / HoDs / In Charge, Sections / Assistant Librarian, with a requested to circulate the same amongst the non teaching staff working under them.

The Sr. Technical Officer, with a request to upload the same in the institute website.

- 4 All Notice Board
- 5 Guard File for record.



## राष्ट्रीय प्रौद्योगिकी संस्थान सिलचर

## NATIONAL INSTITUTE OF TECHNOLOGY SILCHAR

**सिलचर** – 788 010

**SILCHAR - 788 010 (ASSAM)** 

## APPLICATION FORM FOR REDEPLOYMENT OF NON - TEACHING STAFF

CIRCULAR NO AND DATE	
POST APPLIED FOR	
	PERSONAL DETAILS
A. Name of Applicant	
B. Mother's Name	
C. Father's Name	
D. Full Address with PIN	
Address for Communication	
Permanent Address with Police Station and PIN	
E. E – Mail Id	

	F. M	obile No.									
	G. Gender		MALE		FEMALE			OTHERS			
	H. D	ate of Birtl	h		DAY		MONTH			YEAR	
	(A	ttach prod	of)								
	I. Age as on 30.11.2017		Years		Months			Days			
	J. M	arital Stat	us	MARRIED			SINGLE		.E		
	K. Ca	ategory		S	С	9	ST	ОВС			OPEN
	L. Whether belong to PW			/D			YES		NO		
	If YES, please specify			Category of PWD		%-age of di		of dis	sability		
Giv	e the d	etails of "E	ducational				LIFICATI				
	De	egree	Name Board Univers	/	Brar Special		Year o		Div. / Cl	ass	%-age of Marks / CGPA / CPI
ŀ		Х									
		XII									
ŀ		LOMA									
		UATION OST-									
		UATION									
		h.D.									
	ОТ	HERS									
	Title o	f Ph.D.									

	EXPERIENCE					
Give	Give the details of "Experience" in the following format:					
S.	Department /Section	Period		Nature of Work		
No		From	To			

4.

6.	LIST OF COPIES OF CERTIFICATE ENCLOSED					
	Sl. No.	Details				
	l.					
	II.					
	III.					
	IV.					
	V.					
	VI.					
	VII.					
	VIII.					
	IX.					
	X.					
	XI.					

7.	LIST OF COPIES OF ANNEXURES ENCLOSED						
	Sl. No.	Sl. No. Annexure No. Details					
	I.						
	II.						
	III.						
	IV.						
	V.						
	VI.						
	VII.						
	VIII.						
	IX.						
	X.						
	XI.						

I hereby declare that all the information given above is correct to the best of my knowledge and belief. Also I have carefully checked that the position for which I am applying has been advertised by NIT Silchar. 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, my candidature/appointment is liable to be cancelled.

Date:	Signature of Applicar
Date.	Signature of

Recommendation / Comments of the present Head of Department / Section:

Seal with Date: Signature