INDIAN INSTITUTE OF INFORMATION TECHNOLOGY, KALYANI

(Autonomous institution under MHRD, Govt. Of India & Department of Information Technology & Electronics, Govt. of West Bengal)
c/o WEBEL IT Park, Opposite of Kalyani Water Treatment Plant,
Near Buddha Park, Dist. Nadia, Kalyani - 741235, West Bengal
Email-office@iiitkalyani.ac.in, website-www.iiitkalyani.ac.in

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Application form for the post of...

...

Photo

1	Name of the candidate	
2	Father`s /husband`s name	
3	Date of birth	
4	Gender	
5	Nationality	
6	Category-SC/ST/OBC/GENERAL	
7	Email ID	
8	Telephone No.	
9	Address for Communication	
10	Permanent Address	
11	Periods of Experience	...........................years and ....months
12	Higher Qualification	
13	Present post	
14	Pay band and grade pay of the present post	
15	Date from which working in the above post	
16	Have you ever been convicted by Court of Law or is there any criminal case/disciplinary action/vigilance enquiry pending against you? If yes, please specify	

17. Details of educational/professional qualification (beginning with the Highest Degree) :

Sl.No.	Qualification	Year of Passing	Board/University	Division

18. Details of experience/Employment (beginning with the most recent)
    (Please attach a separate sheet if required)

Sl.No	Name of the organization	Position held	Date of joining	Date of leaving	Pay band along with grade pay	Nature of work done

19. Name & Address of two references

Name	Address	Designation	Contact no. with e-mail address

20. Training Undergone:

21. Any other Award /Honour/Degree/etc. not mentioned above:

Declaration:

I,.. hereby declare that all the details submitted above are true to the best of my knowledge and belief.

Date:

Place: _____
                                                              Signature of the Applicant

22. Endorsement of the present Employer:

      The application of Shri/Ms. .... (Name and designation of the applicant) for the post of .... at IIIT- Kalyani is forwarded herewith. It is certified that no vigilance enquiry is pending or contemplated against him/her.

Date: **Signature of the head of the institution/Forwarding authority with seal**