



## APPLICATION FORM

**HALDIA INSTITUTE OF TECHNOLOGY**  
**ICARE Knowledge City, HIT Campus, Haldia, Dist. Purba Medinipur,**  
**Pin – 721657, West Bengal**

APPLICATION FOR THE POST OF : \_\_\_\_\_

DEPARTMENT : \_\_\_\_\_

Recent  
Passport size  
photograph to  
be affixed here

1. Name in full (in BLOCK LETTERS) :
2. Father's name :
3. Date of birth (Supported by Certificate of evidence) :
4. Place of birth and Nationality (District and State) :
5. Community to which belongs (SC/ST/OBC/General) :
6. Permanent Address with Contact No./Mobile No. :

Email ID :

7. Present address to which communication should be sent:  
with Mobile Number/Contact No.

Email ID :

8. Sex :
9. Marital Status :
10. Mother tongue :
11. Vernacular language in College/School :
12. Other languages known to read: :  
to write: :  
to speak: :

**13. Educational qualifications (Starting from 10<sup>th</sup> stage)\***

Institutions and Board/University studied	Year of Passing	Part-time/Full time	Degree or Diploma obtained	% of marks	Class or Grade	Specialization
(1)	(2)	(3)	(4)	(5)	(6)	(7)

(Attach self attested copies of certificates in support of each degree/qualification)

**14. Experience regarding previous and present employment**

Name of Employer	Post Held	Last Pay drawn*	Period of Employment	
			From	To
1	2	3	4	5

**(Note\*) : Last pay certificate /Pay in Slip to be attached.**

Period spent on study for Master's/ Ph. D. degrees should not be included except the part time study period (Attach a separate sheet, if space is not sufficient.)

**15. Research papers published /Patent /R&D Project/ Consultancy carried out etc.:**  
(Number to be indicated and List should be appended)

Publication (National/International) :  
R&D Project carried out :  
Patent (Filed/Obtained) :  
Consultancy / Any other :

**16. Books Published:**

Sl. No.	Title	Author	Co-author (s)

**17. List two referees intimately known to you who can certify your Professional competency**

Sl. No.	Name of Referee	Address	Mobile / Phone Number

15. Awards / Scholarships /Fellowships :

16. If selected, minimum time required to join. :

**17. Names of professional societies in which you are member and position, if any**

<u>Society</u>	<u>Position</u>
(1)	(1)
(2)	(2)
(3)	(3)

I certify that the information furnished above are true and correct to the best of my knowledge and belief. Should there be any incorrect or false information having been furnished or that may come to light in due course, I bind myself for such action as the Institute may decide.

Place :  
Date :

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Full Signature of Candidate

**List of enclosures :**

1. All testimonials, duly attested.
2. Recent Passport size photograph.