

5.(a) Tick-mark the appropriate box if you belongs to the particular category

GEN SC ST OBC

6. Areas of Specialisation

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| |
| |

7. Academic Record starting with secondary education (Please attach xerox copies of all Certificate & marksheet)

| Examination | Branch/ Specialisation | College/University /Institute | Year | Percentage of mark | Class/ Division/Grade |
|-------------|---------------------------|----------------------------------|------|-----------------------|--------------------------|
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8. Employment: [particular of your past position (s)]

| Name of the Employer | Post held | Period of Employment | | Basic Pay with Scale of pay | Nature of Duty |
|-------------------------|-----------|-------------------------|----|--------------------------------|----------------|
| | | From | To | | |
| | | | | | |
| | | | | | |
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9. Have you ever been discharged/suspended from any position?
If yes, state reasons:

10. Special Achievements or Awards/Honours received, if any:

| Year | Name of Award/Honour/Achievement |
|------|----------------------------------|
| | |
| | |
| | |
| | |
| | |
| | |

11. Names and addresses of **three Referees** (at least one of them should be familiar with your recent works)

| Name | Occupation or position | Address | Fax | E-mail | Phone No. |
|------|------------------------|---------|-----|--------|-----------|
| | | | | | |
| | | | | | |
| | | | | | |

12. Any other point that the Board should consider for selection:

13. I hereby declare that I have carefully read and understood the instructions and particulars supplied to me, and that all entries in this form as well as attached sheets are true to the best of my knowledge and belief.

There are attached sheets along with this form.

D.D.No. _____ Date _____ Amount _____

Date: _____

Place: _____

(Signature of Applicant)

Note: Use separate sheet if necessary for any of the above items.

List of Attachments:

- 1.
- 2.
- 3.
- 4.
- 5.



INDIRA GANDHI INSTITUTE OF TECHNOLOGY
SARANG, DHENKANAL - 759146 (ODISHA)

ACKNOWLEDGEMENT

Advt. No. _____ Registration No. _____

Sub : Recruitment to the post of _____ Deptt. / Center _____

Received an application from Dr./Mr./Ms. _____
(Candidate to write his/her name above in capital letters)

for the above mentioned post. For any correspondence in future, candidate must quote the registration number given above.

Date _____

*Office Superintendent
(General Office)
IGIT SARANG*