Reference No: IIITS/Recruitment/2023/07/06/Hostel Care Takers

Application Form

Please strike out whichever is not applicable.

Please fill the form with your own handwriting in CAPITAL LETTERS

Name of the post applied for : **Hostel Care Takers**

Part 1

(General)

Affix your recent passport size photograph

* Name in Full as per SSC Records : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Name in Full : First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Middle Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Place of birth (City, District and State):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Date of Birth : DD\_\_\_\_\_\_\_\_MM\_\_\_\_\_\_\_\_\_YY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender :\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Nationality :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Religion :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Community Category :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sub-category(Sub-caste:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* PWD : VH\_\_\_\_\_\_\_\_\_\_\_\_\_HH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_OH\_\_\_\_\_\_\_\_
* Marital status :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Father’s Name/Husband Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Mother’s Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Permanent Address :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PIN Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Address for communication :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PIN Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Contact No. :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email id :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* PAN Card No. :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Aadhar card No. :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Blood Group :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Part-2

(Qualification and Experience)

* Educational/Professional Qualifications in reverse chronological order (Attach attested copies of Certificates and Mark Sheets)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Examination Passed | Board/ | Duration of Degree | Year of | % of | Div. |
|  | University |  | Passing | Marks |  |
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* Technical qualifications, if any

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| --- | --- | --- | --- |
| Examination Passed | Board/ | Duration of Degree | Year of |
|  | University |  | Passing |
|  |  |  |  |
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* Details of employment, if any in reverse chronological order (Attach separate sheets, if necessary).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Nature of work | Regular/Temporary | Period of | TotalEmoluments |  |
| Name of the | Post | Employment |  |
|  |  |  |
| Organization | held |  |  |  |
| From | To |  |
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* Please provide relevant Organizational/ Administrative experience, particularly in the area of Procurement

(Attach Photocopies of Relevant Certificates) :

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| # | Section/ Office | From  | To | Position Held | Responsibility Type | Responsibilities |
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* Any other Relevant Information (if any):
* If appointed, how much time would you require to report for the duty?
* Referees (Two), with name designation and address :

(These should be persons resident in India and holders of responsible position, and should be intimately acquainted with applicant’s character and work, but shall not be related to the applicant. Where the candidate has been in employment She/ he should either give her/his present or the most recent employer or immediate superior as a referee or produce a testimonial from him in regard to his/her fitness for the post for which she/he is an applicant. The referee’s names should include complete postal address including phone/mobile numbers and e-mail address)

**First Referee:**

 Name : Position :

Address : Email ID :

Phone No.: Mobile No. :

**Second Referee:**

Name : Position :

Address : Email ID :

Phone No.: Mobile No. :

* Did you previously apply for any post in this institute? If yes, provide particulars including outcome of application:
* Have you ever been discharged/ suspended from any position?: (Yes/ No) If yes, provide particulars:

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* Have you ever been convicted by any court of Law? : (Yes/ No)
* Have you any relation among the employee of IIIT Sri City Chittoor?: (Yes/ No)

 If yes, provide details:

* Details of enclosures: (attach separate sheets, if necessary). Candidates need to provide only the attested photocopies of certificates/marks card/Experience Certificates/ Salary certificates Address proof/Aadhar card/PAN card)

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11. 12.

DECLARATION

I hereby declare that, I have carefully gone through the advertisement and recruitment rules and have understood it. I also hereby declare that I have carefully read and understood the instructions/notes contained in the above and that all the entries in this form are true to the best of my knowledge and belief. I also declare that I have not concealed any material information which may debar my candidature for the post applied for. In the event of suppression or distortion of any fact, like educational qualification or experience, made in this application form, I understand that I will be denied any employment in the Institute.

Place………………………

Date……………………….

Signature of the Applicant

(Please sign on all pages)

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