

NATIONAL INSTITUTE OF TECHNOLOGY, TIRUCHIRAPPALLI – 620 015

F. No.: Advt. No. NITT/R/RC/Consultant/2020/02

Date:14.08.2020

Application for Engagement of Consultant (Audit)

1.	Name		:							
2.	Gender		:				Af	fix recent		
3.	Father's Name/ Husband's i	name	:				Passport Size Photograph			
4.	Date of Birth		:							
5.	Community					L				_
٥.	Community		•	UR	OBC	EWS	SC	ST	Pw	D
	(Make a $$ in the appropriate	e box)								
6.	Marital Status		:							
7.	Address for Communication	ı	:							
8.	Permanent Address		:							
9.	Mobile No		:							
10.	Email –Id		:							
11.	Educational Qualification: (Starting from X	Std	.)						
						Class	s/			

S. No.	Course Completed	Name of the Institution	Class/ Percentage of Marks Obtained	Year of Passing
1				
2				
3				
4				
5				

12.	Other Qualifications:							
	b.							
	c.							
	d.							
12	e. Datails of Europian as (Chr.	on alogical Orden if any)						
13.	Details of Experience (Chr	onological Order – II any)						
S. No.		Nothro of Ion	Period of Service	Scale of pay/ Pay Band applicable				
14.	Any other information whi	ich the applicant may like to	furnish: (Additional pag	ge may be included)				
	Declaration:							
	I hereby certify that all the information furnished above are correct and complete to the best of my knowledge and belief.							
	Place:							
	Date:		Signature	of the applicant				