विभाग / Department
सूचना प्रौद्योगिकी
Information Technology

राष्ट्रीय प्रौद्योगिकी संस्थान कर्नाटक, सुरत्कल, मंगलूरु-५७५०२५
(राष्ट्रीय महत्व का संस्थान, एनआईटीएसईआर अधिनियम के तहत स्थापित, भारत सरकार)
National Institute of Technology Karnataka, Surathkal, Mangaluru – 575025
(An Institute of National Importance, Established under NITSER Act, Government of India)
दूरभाष / Phone: +91-824-2474057 (O), ई-मेल / E-mail: hod.it@nitk.edu.in

Ref no: NITK/IT/SK/ICMR/PTS-III/01 **Date: 26-10-2026**

APPLICATION FORM (RECRUITMENT OF PROJECT TECHNICAL STAFF-III)

FOR OFFICE USE ONLY	
Application no. assigned	

Personal Details (FILL IN CAPITAL LETTERS)

Full Name		**Passport Size Photo**
Date of Birth (DD/MM/YYYY)		
Gender (Male/Female)		
Nationality		
Marital Status (Single/Married)		
Category (Open/SC/ST/OBC/PwD)		
Father's Name		
Mother's Name		
Address for Communication		
Permanent Address (if different from above)		
Mobile Number		
E-mail Address		
GATE Qualified? YES / NO (if YES, provide details)	Score _____ Rank _____ Specialization _____ Year qualified _____	
NET Qualified? YES / NO (if YES, provide details)	Type of Exam: ☐ JRF ☐ Assistant Professor Score _____ Rank _____ Specialization _____ Year qualified _____	

Educational Background (From 10th standard Onward)

Sl. No.	Degree & Branch	Board / University	Regular / Part time	Year	% Marks /CGPA	Class / Division
1.						
2.						
3.						
4.						
5.						

Non-CGPA candidates should submit CGPA conversion norms as per their institute norms

Professional Experience (If any)
(Attach additional sheets if required)

Sl. No.	Designation	Name of the Organisation	From	To	Nature of work (Provide details Software, Hardware, Frameworks used etc.)

Details of Academic/Research Projects, if any
(Attach additional sheets if required)

Sl. No.	Item	Details
1.		
2.		
3.		

Details of Publications, Awards etc., (If any)
(Attach additional sheets if required)

Sl. No.	Details (paper title, authors, conference/journal details, DOI, URL of published article)
1.	
2.	
3.	

Contact Details of two referees:

	Referee I	Referee II
Name :		
Designation :		
Organization:		
Office Address :		
Office Phone Number:		
Email ID:		

Declaration

I do here by declare that the information furnished in this application is true to the best of my knowledge and belief. If selected, I promise to abide by the rules and regulations of the Institute. I understand that the position is of temporary nature.

Place

Date _____

(Signature of the applicant)