



NATIONAL INSTITUTE OF TECHNOLOGY PUDUCHERRY
(An Institute of National Importance under MHRD, Govt. of India)
THIRUVETTAKUDY, KARAIKAL – 609 609

Advertisement for the post of Project Assistant

Applications are invited from eligible candidates for the position of project Assistant (PA) under SMDP-C2SD project. Detailed information and Application Forms are available on www.nitpy.ac.in .

Applications have to be submitted on the day of WALK IN INTERVIEW.

REGISTRAR (I/C)



DEPARTMENT OF ELECTRONICS AND COMMUNICATION ENGINEERING
NATIONAL INSTITUTE OF TECHNOLOGY PUDUCHERRY
(An Institute of National Importance under MHRD, Govt. of India)
THIRUVETTAKUDY, KARAIKAL - 609 609

Application Form for Project Assistant under SMDP-C2SD Project (2016)

Registration Number (for office use only):

Post Applied for	
AREA OF INTEREST	

Affix a recent
Passport Size Photo
(Self Attested)

(USE CAPITAL LETTERS)

1	Name of the Candidate				
	Father's / Guardian's / Husband's Name				
	Date of Birth (DD-MM-YYYY)		Age:		
	Gender (strike out the inappropriate)	<i>Male / Female</i>	Marital Status	<i>Married / Single</i>	
2	#Category (<input checked="" type="checkbox"/> in the appropriate)	OC <input type="checkbox"/>	OBC <input type="checkbox"/>	SC <input type="checkbox"/>	ST <input type="checkbox"/>
3	#Physically Challenged (PH) (Persons with disability of 40% and above)	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
4	Nationality				

5	Address for Communication	Permanent Address
	Land Line :	Mobile :
	E-Mail ID :	

6. #Qualifying Degree Particulars	UG	PG
Name of the Degree		
Branch / Specialization		
Percentage of Marks / CGPA		
Class (Honours / Distinction / First / Second)		
Name of the Institution		
Name of the University		
Year of Passing		

7	#GATE/NET/SLET/CSIR/CAT/ UGC (if applicable)	Score & Rank, Percentile		Year appeared & Validity	
		Discipline			
8	Title of P.G. Project				
9	Details of publication in refereed journals/ Proceedings of Conference (Please add separate sheet, if needed)				
10	Awards/ Prizes/Sports/NCC etc (Please add separate sheet, if needed)				

11. # Details of Professional Experience (Chronologically):

Name & Address of Employer	Position Held	Duration	
		From	To

I do hereby declare that the information given in this application are true and correct to the best of my knowledge. If any of the particulars furnished above are found to be incorrect at the time of admission, the admission will be cancelled.

Date:

Place:

Signature of the Applicant