

APPLICATION FORM FOR GROUP-C POSTS

Name of the post applied for	
Advt. No	* Affix PHOTOGRAH HERE
GENERAL INFORMATION:	*
 Name in Full (IN BLOCK LETTERS). Father's Name: 	
3. Husband's Name (in case of married Women):	
 4. Date of Birth: Day	
Months	
6. Nationality: Religion:	
Marital Status: Married Unmarried	
Gender: Male Female	
Do you belong to any reserved category? Yes No	
If yes, specify the category (SC/ST/OBC/PWD/EWS)	
Whether handicapped? Yes No	
If yes, indicate whether Physically/Visually/ any other	

डिज़ाइन, मैनेजमेंट तथा टेक्नोलॉजी का महाविद्यालय

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नेशनल इंस्टीट्यूट ऑफ फैशन टेक्नोलॉजी, ब्लॉक 5 और 6, गवर्नमेंट इंजीनियरिंग कॉलेज कैंपस, मोटा फिलया, वरकुंड, नानी दमन, दमन -396210, भारत

राष्ट्रीय फैशन प्रौद्योगिकी संस्थान (वस्र मंत्रालय, भारत सरकार) National Institute of Fashion Technology (Ministry of Textiles, Govt. of India)

	CONTACT DETAILS
11.1	Permanent Address
	Address for correspondence
	Pin Code
	Contact No: 1
	Contact 110. 1

EDUCATIONAL QUALIFICATIONS

EXAM PASSED		YEAR OF PASSI NG	MARK	S	% OF	Class/Div	Subjects
	UNIVERS ITY		OBT AI- NED	OUT OF	MAR KS	/Grade	
Matriculation							

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* North Annual Control of Fashion Control of Fashio

राष्ट्रीय फैशन प्रौद्योगिकी संस्थान

(वस्त्र मंत्रालय, भारत सरकार)

National Institute of Fashion Technology

(Ministry of Textiles, Govt. of India)

Higher				
Secondary/				
Intermediat				
e(10+2)				
Bachelor's Degree				
Master's Degree				
Ph.D				
Any other Degree/				
Diploma				
Technical				
Qualificatio				
ns				
(if any)				

EXPERIENCE

DESIGNATION	NAME OF ORGANIZATON	SCALE O F PAY	NATURE OF PPOINTMENT	PERIOD OF SERVICE
		1711		

State whether you have been at aby time (a) dis	<u>miss</u> ed,	<u>remo</u> 1	ved or debarred	from Service or (b)
convicted by a Criminal Court. (Please tick YES	NO NO)		

DECLARATION

I HEREBY DECLARE THAT ALL ENTRIES MADE BY ME IN THIS APPLICATION ARE

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National Institute of Fashion Technology, Block 5 & 6,



TRUE, COMPLETE AND CORRECTTO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT IN THE EVENT OF ANY INFORMATION BEING FOUND FALSE, INCOMPLETE OR INCORRECT, MY CANDIDATURE / APPOINTMENT IS LIABLE TO BE CANCELLED/ TERMINATED.

Signature of Applicant Place: Dated:

DETAILS OF ENCLOSURES (*To be filled by the candidate*)

	etails Of The Certificate/Testimonial/Attachment etc	
1.	2.	
3.	4.	
5.	6	
5.	6.	
7.	8.	
9.	10.	
	100	
11	12	
11.	12.	
13.	14.	
15.	16.	
13.	10.	
	40	
17.	18.	
19.	20.	

(Endorsement given below is to be signed and forwarded by the DDO/Employer in the case of the in-service candidates whther in permanent or temporary capacity, failing which the application is liable to be rejected).

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ORSEMENT OF THE EMPLOYER	
Ref No:	
	Date:
FORWARDED	
The applicant	(name) is holding the post of
	, , , ,
	in this
College/University/Institution/Department on a Temporary	
since	
	with OF of
Rs	
In	
words	
and he/she s drawing a salary of Rs F	
words	
per month. His/her next date of increment is	We have
no objection	
to his/her application being considered.	
	Signature of the Officer
	(with office seal)
	Name:
	D ' '
	Designation:

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CLARATION/UNDERTAKING
(for OBC candidates only)
I, son/daughter of
resident of village/town/city
district
I belong
to the
of India for the purpose of reservation in services as per orders contained in Department of Personnel and Training Office Memorandum No: 36012/22/93-Estt (SCT), dated 8/9/1993. It is also declared that I do not belong to persons/sections (Creamy Layer) mentioned in Column 3 of the Schedule to the above refereed Office Memorandum, dated 8/9/1993, which is modified vide Department of Personnel and Training Officer Memorandum No: 36033/3/2004 Estt. (Res) dated 9/3/2004.
Signature of Applicant
Place:
Dated:
Declaration/undertaking not signed by Candidate will be rejected. False declaration will render the applicant liable for termination of Appointment at any time

***END**

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