



NARULA INSTITUTE OF TECHNOLOGY

81,NILGUNJ ROAD ,AGARPARA, KOLKATA-700109

Affix
Photograph

PERSONAL DATA FORM

Please fill in the form in your hand righting please complete
Each and every part mentioning 'NA' if any part is Not Applicable
to you .Use a same size (A4) additional sheet if space is in adequate

POST APPLIED FOR :

1.Name of Candidate in full : _____
(Block Letters please) (First name) (Middle name) (Last name)

2. Address
(a) Residential : _____
Pin _____

Phone : _____ E-mail _____
(b) For correspondence : _____
Pin _____
Phone : _____ E-mail _____

3. (a) Date of birth
(evidence to be enclosed) :

D	D	M	M	Y	Y	Y	Y

(b) Place of birth : Dist StateCountry.....

4. Candidate's Nationality : At birth _____ At present _____

5. Religion : _____

6. Caste :

G	SC	ST	OBC
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7.Sex :

Male	Female
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 (Please ✓)

8. .Marital Status :

Married	Unmarried
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 (Please ✓)

9. Father's /Mother's Guardian's Name : - _____
Address : _____
- _____
- _____

Pin----- Phone No-----

10. Husband's /Wife's Name : - _____
 (if married)

Occupation :- _____
 (please specify)

11. Children's Age & Sex : 1-----Yrs-----2.-----Yrs: M/F : 3-----Yre : M/F -----

12.(a)Candidate's mother tongue : _____

(b)Other language Known
 (Speak. Read & Write) : _____

13. Family back ground

Name	Age	Occupation
Father :		
Mother :		
Brother :		
Sister :		

14. Academic Qualification

1.Examination /Degree (Please Specify)	School/College/Board/Council /University	Year of passing	Division Class (with %marks)
(ii).Secondary or Equivalent			
Higher Equivalent Sc-----Hu----- Comm-----			
(iii) Graduate Level B.E. ----- B.Tech-----			
(iv) Post Graduate Level M.E.----- M.Tech----- M.Sc-----			
(v) Doctoral (Ph. D/D .Sc)			
(vi) Post Doctoral			
(vii) Others (NET,GATE,SLET,ect)			

15. Scholarship Fellowship Award etc . with details e.g name year duration place etc .(evidences if possible to be enclosed)

16. Extra Curricular Activities (evidences may be enclosed)

17. EXPERIENCE PROFFILE (Starting with appointment immediately before the present one)

Employer's Name & Address	Designation	Date of Joining / Leaving	Name of Experience
1.			
2.			
3.			
4.			
5.			

18. PRESENT APPOINTMENT

(a) **Name and address of employer** : _____

Date of joining and position held : _____

Present position and date of appointment: _____
in present position

(b) Present remuneration details (in Rs /month)

Basic pay	DA	HRA	Medical	Other Reimbursable	Gross Salary

Benefits & Perquisites

Leave Travel	Transport allowances	Membership of Professional bodies	Miscellaneous benefit

Retirement Benefits

Provident Fund	Gratuity	Pension / Superannuation	Any other Benefit
YES----- NO----- C----- G-----	YES / NO	YES / NO	

(c) **Please outline your present job responsibilities with an organization structure on a separate sheet of paper** :

(d) **If you are holding your present appointment for less than one year, please describe your previous appointment on an attached sheet**

19. ACADEMIC ACTIVITIES**(a) Publications
(Indicate Numbers only)**

(i) **Research papers** : (a) National - Nos.
 (b) International - Nos.

(ii) **Books** :

(iii) **Edited Volumes** :

(iv) **Article/Reports** :

(Detailed list of publications mentioning title, author(s), journal, publisher (for books) year of publications, page no. etc. should be attached in a separate sheet)

(b) R &D / Industrial Project

- (i) Title of the project** :
- (ii) Duration** :
- (iii) Designation** : **(Principal /Co-investigator/ Co-ordinator ect.)**
- (iv) Name of other investigator (s) :**
Co-ordinator (s)
- (v) Funding authority** :

(c) Participation (Specify Nos.) :

- (i) Seminar/Conference** :
- (ii) Workshop /Summer School, ect** :
- (iii) Refresher /)Orientation course** :

**(Detailed list showing subject /topic duration nature of publication sponsoring authority etc .
to be provided in an attached sheet)**

(d) Research Guidance (specify nos.)

- (i) Doctoral level** : **Awarded** **Submitted.....**
- (ii) Post graduate level** : **Awarded** **Submitted.....**

(Detailed list indicating candidate's name year title of thesis etc may be enclosed)

20. What are your significant Professional achievements ? :

s

21. Have you had any illness in the last three years which lasted for more then 30 days with /without Hospitalization ?

22. May we refer to your present employer ? :

Yes	no
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23. How much notice do you require to give to your present employer for leaving the service :

24. Two Referees who should be responsible persons not related to you and known to you in a professional capacity .

Sl.No	Name Designation & Organization	Address Res./Office	Phone Res./Office
1.			
2.			

25. ADDITIONAL REMARKS

(Any other information which have not been covered under the above heads)

26. DECLARATION

I declare that the statements made in this form are true to the best of my knowledge and belief.

Date _____ (Signature of the Candidate)

Place _____

FOR OFFICE USE ONLY

Date of Selection Committee Meeting : _____ **Position in Panel** _____

Appointment latter Ref : _____ **Date** _____

Type of Appointment : **Regular/Adhoc** _____

Pay Scale Offered : _____

Basic Pay : _____

Special perquisites (if any) : _____

Date of joining : _____ **Department** _____

Executive /Manager (HR)

Director