



**NATIONAL INSTITUTE OF TECHNOLOGY, TIRUCHIRAPPALLI – 620015**  
(An Autonomous Institute under Ministry of Human Resource Development,  
Govt. of India) Tiruchirappalli, Tamil Nadu-620015

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**Advt.No: NITT/R/TEMP/MO/1 dated 09.04.2018**

**APPLICATION FOR THE POST OF TEMPORARY MEDICAL OFFICER**

**Please affix  
your recent  
Self-attested  
colour  
photograph**

**PLEASE ENSURE TO FILL UP ALL THE FIELDS BELOW:**

1.	NAME (IN BLOCK LETTERS)	
2.	GENDER (MALE / FEMALE)	
3.	FATHER'S NAME	
4.	MARITAL STATUS	
5.	i. DATE OF BIRTH (DD/MM/YYYY) ii. AGE AS ON 23.04.2018 (ENCLOSE PROOF)	
6.	STATE OF DOMICILE & NATIONALITY	
7.	CONTACT / MAILING ADDRESS: ..... ..... ..... DISTRICT: ..... STATE: ..... PIN CODE: ..... PHONE NO. (WITH STD CODE): ..... MOBILE NO: ..... EMAIL ID: .....	PERMANENT ADDRESS: ..... ..... ..... DISTRICT: ..... STATE: ..... PIN CODE: ..... PHONE NO. (WITH STD CODE): ..... MOBILE NO: ..... EMAIL ID: .....
8.	RELIGION	
9.	CIRCLE THE CATEGORY YOU BELONG TO	SC / ST / OBC / GEN
10.	HAVE YOU WORKED IN NIT- T ANY TIME EARLIER? IF YES, PLEASE GIVE THE DETAILS:	YES / NO

11. QUALIFICATION									
NAME OF QUALIFICATION (From SSLC)	UNIVERSITY / INSTITUTION / BOARD	NATURE OF THE COURSE (FULL TIME / PART TIME / CORRESPONDENCE)	DURATION OF THE COURSE	SUBJECTS / SPECIALISATION	CLASS / DIVISION WITH PERCENTAGE OF MARKS	MONTH & YEAR OF PASSING			
12. DETAILS OF TRAINING UNDERGONE, IF ANY., IN THE LAST 05 YEARS:									
NAME OF PROGRAM	INSTITUTION / ORGANIZATION	DURATION OF TRAINING							
		FROM (DD/MM/YYYY)	TO (DD/MM/YYYY)						
13. PROFESSIONAL EXPERIENCE: (IN CHRONOLOGICAL ORDER, FROM THE FIRST TO THE PRESENT JOB)									
SL. NO	DESIGNATION / NATURE OF JOB / RESPONSIBILITIES HANDLED	ORGANIZATION (NAME & FULL ADDRESS)	GOVT / QUASI GOVT / PSU / PVT	WHETHER EMPLOYED ON PERMANENT/ PART TIME / CONTRACT BASIS? PLEASE SPECIFY	DATE (DD/MM/YYYY)		PAY SCALE	GROSS PAY	OTHER DETAILS, IF ANY
					FR O M	TO			

**DECLARATION:**

I do hereby declare that the above details furnished by me are true complete to the best of my knowledge and belief. In the event of the said information being found false / incorrect / incomplete, my candidature / Engagement may be terminated without any notice.

Place:

Date :

Signature of the Candidate