

Name:

NATIONAL INSTITUTE OF TECHNOLOGY KARNATAKA, SURATHKAL P.O. SRINIVASNAGAR, MANGALURU - 575 025, D. K.

Website: http://www.nitk.ac.in

Application form for "Garden Supervisor (on contract)"

| Date of Birth: | | | Affix a passport size photo | | |
|-------------------------|---|----------------------------|-----------------------------|-----------|--|
| Permanent Address: | | | | | |
| Correspondence Address: | | | | | |
| Gender: | | E- Mail (mandatory): | | | |
| M | obile Number (mandatory): | | | | |
| Qualific | ation Details (10 th onwards): | | | | |
| SI. No | | | Year of | Division/ | |
| JI. NU | Name of the Examination | University/Board/Institute | Passing | Class | |
| JI. INU | Name of the Examination | University/Board/Institute | Passing | | |
| JI. INU | Name of the Examination | University/Board/Institute | Passing | | |
| 31. INU | Name of the Examination | University/Board/Institute | Passing | | |
| 31. INU | Name of the Examination | University/Board/Institute | Passing | | |

| Experience Details: | | | | | |
|---------------------|---|-----------------|--------------------|---------------------|---------------------|
| SI. No. | Company/Firm/Institute/Any other Organization | Date of Joining | Date of Leaving | Salary per month | Total Experience |
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I hereby declare that the entries in this form are true to the best of my knowledge and belief, I understand that my candidature will be cancelled if any of the information is found to be false or incorrect. Further, if selected, I will abide by the rules and regulations of the Institute and also the directions given to me from time to time.

| Date: | |
|--------|-----------|
| Place: | Signature |