

SANT LONGOWAL INSTITUTE OF ENGINEERING & TECHNOLOGY, (DEEMED-TO-BE-UNIVERSITY) LONGOWAL-148106, DISTT. SANGRUR, PUNJAB (ESTD. BY GOVT. OF INDIA)

Affix Passport size Photograph and sign.

FORM OF APPLICATION FOR GROUP "A" POSTS

(For use of candidates)

Nam	e of the Post applied		Photograph and sig			
Adve	ertisement No.		across			
01.	Name in Full (Block Letters)					
01.	Name in run (Block Betters)					
02.	Fathers Name					
03.	Date of Birth	Place of Birth				
04.	Marital status	Sex (Male/Female)				
05.	Nationality					
06.	Permanent address	Address for Correspondence				
07	Telephone Number					
	Mobile number					
	E-mail Id					
	PAN Card No.					
	UID No./Aadhar Number					
08.	Religion					
09.	Please, state whether you belong to SC/ST/OBC/Physically Handicapped/Gen category (enclose relevant certificate)					
10.	Are you willing to accept the minimum initial pay offered, if not, state what is the lowest initial pay that you would accept					

11.	Present Post name of the employed	ie	Organization	-	ere						
	Name of	the	Post Held		Nature of Duties		Duration				
	Organization				/wo	ork		From		То	
12.	Present salary	with	ı pay scale	•							
Pay S	Scale	Bas	sic Pay	D.A.			H.R.A.	Any Allow	Other rances	Total Rs.	
13.a.	medically ur resignation, from Govern	nfit, disc men	charged or to the control or private s	dismis service	our sed ??						
b.	court of law case/	or disci d or	is there any plinary pending aga	ending against you?							

 $14. \ Details \ of educational \ qualifications: Please \ give \ particulars \ of \ all \ examinations \ passed \ and \ degrees \ obtained \ commencing \ with \ the \ High \ School \ Level \ (10th \ standard \ / \ Matriculation) \ Examination. \ Please \ attach \ photocopies \ of \ certificates \ and \ mark \ sheets \ duly \ attested.$

Examination	School / College / Institute	Name of the Board/ University / Institution	Marks Obtained (with Max. Marks)	% of marks	Distinction/ Class / Division/ Grade	Year of Passing	Duration of course

15. Registration Number with Medical Council of India/State Medical Council:_____

	Date of Registration:			_ Validity of Registration, if any:						
	tails of employ onological orde				your pres	ent and past	emplo	pyments in		
Sl. No.	Organization / Institute	Position held	Nature of duties / work	Date of joining	Date of leaving	Experience (Years & months)	Last Pay	Scale of pay/Pay Band & GP		
17.	Membership o	f Profession:	al Rodies/Soc	rieties (Ple:	ase snecify	National/Inte	rnation	al)		
17.	Membership o	111010331011	ar Boares, 500	cicues (1 ico	ase speemy	ivationary mice	Hacion	iui)		
18.	Extra-curricul	lar Activities	/Administra	tive Respor	ısibilities h	andled :-				
19.	19. Vision of Reforms in the Institute (Not more than 200 words):-									
20.	Any other info	ormation in f	favour of the	candidatur	e of the App	olication (Atta	ch sepa	arate sheet, if		
	required).									
21.	References: (A	At least two i	names of refe	rees with t	heir clear a	nd complete a	ddress	es along with		
	e-mail Id and has worked a Referee shoul	and one of t	he referees s	should be f	rom the la					
	1				•					
				-						
L										

22.	Check List (item-wise) documents a	ttached.
	(a)	(b)
	(c)	(d)
	(e)	(f)
Declara	ation : I solemnly declare that :	
II. III. IV.	best of my knowledge and belief. In the or ineligibility being detected before candidature/ appointment may be candidature/ appointment may be candidature appointment may be candidature. It have never been dismissed either from Utility appointment appoin	in this application are true, complete and correct to the se event of any information being found false or incorrect or after the Selection Committee or at any other stage, my cancelled by the SLIET, Longowal without prejudice to cion. Iniversity work/appearing in any University examination. From Govt. or from University, college or other Public or under detention or bound down/fined, convicted by the
	,	
Place :		SIGNATURE OF APPLICANT
Place :	- :	SIGNATURE OF APPLICANT ent by the EMPLOYER
Place : Dated : In case Under	Endorsem e of in-service candidates in Governitakings / Autonomous Organizations,	ent by the EMPLOYER ment / Semi-Government organizations / Public Sector the endorsement form must be signed by the employer.
Place: Dated: In case Under The applica Techno namely capacit Rs. Longov be relie	Endorsem e of in-service candidates in Governitakings / Autonomous Organizations, pplicant Dr./Mr./Mrs/Ms ation for the post of plogy, Longowal, Distt. Sangrum y in the post of ty w.e.f in the Scale of ty w.e.f in the Scale of wal Institute of Engineering and Tech	ment / Semi-Government organizations / Public Sector the endorsement form must be signed by the employer.

Date:

Seal