



SCHEDULE – 3

FORMAT OF EMPLOYMENT APPLICATION FORM

KALINGA INSTITUTE OF INDUSTRIAL TECHNOLOGY

UNIVERSITY

Bhubaneswar – 751024, Phone : (0674) 2725347 / Fax No: 2725453

Email: recruitment.2017@kiit.ac.in

RESUME

Post Applied for:

School/Department:

AFFIX YOUR LATEST PHOTOGRAPH AND SIGN ACROSS IT

1. Name: _____

Surname

First Name

Middle Name

2. Father's/Husband's Name: _____

3. Date of Birth : ____/____/____

DD / MM / YY

4. Sex :

5. Marital Status :

6. Nationality :

7. Address for Correspondence:

City :

State (Mandatory) :

Pin Code (Mandatory) :

Tel No. :

E-mail :

Cell No. (If any) :

8. EDUCATIONAL QUALIFICATION:

EXAM PASSED (Starting from School to Final)	SPECIALIZATION	NAME OF COLLEGE/ INSITUTE/UNIVERSITY	FULL/ PART TIME	YEAR		%OF MARKS /CGPA/ GRADE	DIVISION/ CLASS	SCOLARSHIPS/ DISTINCTION/ PRIZES WON
				From	To			

9. SHORT-TERM COURSES ATTENDED / FELLOWSHIPS, Etc:

S.No	From (Date)	To (Date)	Subject	Venue

10. TRAINING UNDERGONE (SEMINAR/WORKSHOPS/LAB) DETAILS:

Name of the program	Duration	Year	Institute/ Organization	Whether Certificates awarded (if any)	Name & Date of any paper presented

11. AWARDS / RECOGNITIONS RECEIVED:

- a.
- b.
- c.

12. EMPLOYMENT DETAILS

Please write in chronological order, starting from your first employment & ending with present employment. Attach extra sheet, if required, to give complete information.

EMPLOYER'S NAME & ADDRESS	DESIGNATION	PERIOD		DURATION
		FROM (DD/MM/YY)	TO (DD/MM/YY)	

13. PRESENT SALARY DETAILS

Basic: _____ D.A / Other Allowances (if any): _____ HRA: _____

Gross Salary _____

Notice period to present employer: _____ (no. of days)

14. Research and Development work carried out (Please enlist funding support received):

(Attach a separate sheet)

15. List of Publications (Please indicate SCI impact factors of journals and citations received):

(Attach a separate sheet)

16. LANGUAGES KNOWN:

Language	Speak	Read	Write

17. REFERENCES:

(i)Name:

(ii) Name:

Address

Address:

Occupation:

Occupation:

Telephone:

Telephone:

E mail

E mail

18. DECLARATION

The information provided in this form is true to the best of my knowledge and belief.

DATE: _____

SIGNATURE: _____

PLACE: _____

NAME: _____