



## FORMAT OF EMPLOYMENT APPLICATION FORM

**KALINGA INSTITUTE OF INDUSTRIAL TECHNOLOGY**

**KIIT UNIVERSITY**

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

Email: faculty2013@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, IF ANY:**

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

**10. TRAINING UNDERGONE (SEMINAR/WORKSHOP/LAB) DETAILS:**

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

**11. 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)	

**12. 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, if any:**

(Attach a separate sheet)

**15. List of Publications, if any:**

(Attach a separate sheet)

**16. LANGUAGES KNOWN:**

Language	Speak	Read	Write

**17. REFERENCES:**

**(i) Name:**

**Address**

**Occupation:**

**Telephone:**

**E mail**

**(ii) Name:**

**Address:**

**Occupation:**

**Telephone:**

**E mail**

**18. DECLARATION**

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

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PLACE: \_\_\_\_\_

NAME: \_\_\_\_\_