



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

FORM OF APPLICATION FOR GROUP “A” POSTS
(For use of candidates)

Name of the Post applied _____

Advertisement No. _____

Affix Passport
size Photograph
and sign. across

01.	Name in Full (Block Letters)	
02.	Father's Name	
03.	Date of Birth <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div>	Place of Birth
04.	Marital status	Gender (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/OBC/Physically Handicapped (enclose relevant valid 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 held with Designation & name of the Organization where employed (please attach documentary evidence/salary slip)					
	Name of the Organization	Post Held	Nature of Duties /work	Duration		
				From	To	
12.	Present salary with pay level (please attach documentary evidence/salary slip)					
	Pay Level	Basic Pay	D.A.	H.R.A.	Any Other Allowances	Total Rs.
13.a.	Were you at any time declared medically unfit, asked to submit your resignation, discharged or dismissed from Government or private service?					
b.	Have you ever been convicted by any court of law or is there any criminal case/ disciplinary enquiry contemplated or pending against you? If yes, please give details.					

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
Matriculation							
10+2							
Graduation							
Post Graduation							
PhD							
Diploma/ Others							

15. Registration No. with Medical Council of India/State Medical Council (for the post of M.O. only)

Date of Registration: _____ Validity of Registration, if any: _____

(applicable in the case of Medical officer only)

16. Details of employments: Please give particulars of your present and past employments in chronological order, starting with the present one along with documentary evidences:

Sl. No.	Organization / Institute	Position held	Nature of duties / work	Date of joining	Date of leaving	Experience (Years & months)	Last Pay mentioning Pay scale / Pay Level

17. Membership of Professional Bodies/Societies (Please specify National/International) (if any)

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18. Extra-curricular Activities/Administrative Responsibilities handled: -

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19. Vision of Reforms in the Institute (Not more than 200 words):-

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20. Any other information in favour of the candidature of the Application (Attach separate sheet, if required).

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21. References: (At least two names of referees with their clear and complete addresses along with e-mail Id and mobile numbers. Referees should be persons with or under whom the candidate has worked and one of the referees should be from the last Organization/Institute served. Referee should not be close relative of the candidate).

	1 st Referee	2 nd Referee

22.	Check List (item-wise) documents attached and paginated.			
	i		ii	
	iii		iv	
	v		vi	
	vii		viii	

Declaration : I solemnly declare that :

- I. All the statements and entries made in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect or ineligibility being detected before or after the Selection Committee or at any other stage, my candidature/ appointment may be cancelled by the SLIET, Longowal without prejudice to initiation of any other disciplinary action.
- II. I have never been disqualified by any University work/appearing in any University examination.
- III. I have never been dismissed either from Govt. or from University, college or other Public or Private Organization service.
- IV. I have never been prosecuted, kept under detention or bound down/fined, convicted by the Court of Law for any offence.
- V. I have read and understand all the Terms and Conditions, Instructions and Notes, mentioned in the Notification.

Place : _____

SIGNATURE OF APPLICANT

Dated : _____

Endorsement by the EMPLOYER

In case of in-service candidates in Government / Semi-Government organizations / Public Sector Undertakings / Autonomous Organizations, the endorsement form must be signed by the employer.

The applicant Dr./Mr./Mrs/Ms. _____, who has submitted this application for the post of _____ in the Sant Longowal Institute of Engineering and Technology, Longowal, Distt. Sangrur has been working in this organization namely _____ in the post of _____ in a temporary / contract/ permanent capacity w.e.f. _____ in the Scale of Pay/Pay Level - _____ of Rs. _____. There is no objection for his/her application being considered by the Sant Longowal Institute of Engineering and Technology, Longowal (SLIET), Distt. Sangrur. Above candidate shall be relieved from our services to join SLIET, Longowal if, selected.

Place: _____

(Signature of the forwarding officer)

Date : _____

Name: _____

Seal

Designation: _____