

Name:

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

Website: <a href="http://www.nitk.ac.in">http://www.nitk.ac.in</a>

## Application form for "Garden Supervisor (on contract)"

D	ate of Birth:		Affix a passport size photo		
P	ermanent Address:				
C	orrespondence Address:				
Gender:		E- Mail (mandatory):			
М	obile Number (mandatory):				
Qualific	ation Details (10 <sup>th</sup> onwards):				
SI. No	Name of the Examination	University/Board/Institute	Year of Passing	Division/ Class	_
					_

Experience Details:						
SI. No.	Company/Firm/Institute/Any other Organization	Date of Joining	Date of Leaving	Salary per month	Total Experience	

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