National Institute of Technology Tiruchirappalli, runs a postgraduate programme in Construction Technology and Management under Build India Scholarship (L&T) scheme from the academic year 2014-15.

Applications are invited from Indian Nationals for the following post on purely temporary basis in the Department of Civil Engineering:

<table>
<thead>
<tr>
<th>Designation</th>
<th>No. of posts</th>
<th>Salary</th>
<th>Qualifications</th>
</tr>
</thead>
</table>
| Ad-hoc Faculty    | 3            | ₹ 35000/- | Essential Qualification:
|                   |              |        | 1) First Class degree in B.E. / B.Tech. in Civil Engineering OR B.Arch.       |
|                   |              |        | 2) M.E. / M.Tech. in Construction Engineering / Technology / Management       |
|                   |              |        | Desirable Qualification: Ph.D.                                                |
|                   |              |        | Higher pay of ₹ 42000/- will be given for Ph.D. qualification                |

Interested persons may submit their applications (format available in www.nitt.edu) to:

The Head of the Department
Department of Civil engineering
National Institute of Technology
Tiruchirappalli – 620 015

Shortlisted candidates will be called for interview. No TA or DA will be paid for attending the interview. The appointment is on purely temporary basis for a period of ONE year and further extendable on the basis of performance. The decision of the Selection Committee is final and binding.

Duly filled in applications should reach the Head of the Department on or before 04.30 PM, June 11, 2014 (Clearly super scribing in the cover,”Application for the post of Adhoc faculty in Civil Engineering”.)

Copy submitted to the Director for favour of information
Application form for Ad-hoc Faculty Position

APPLICATION FOR THE POST OF  Ad-hoc Faculty in Civil Engineering

DEPARTMENT ________________________________
SPECIALIZATION ________________________________

1. Name in Full (Capital Letters) :____________________________________ Gender : Male/Female

2. Date of Birth : _________________________ Age : _________________________

3. Marital Status : ________________________________

4. Citizenship Status :
(tick the appropriate box)

   Citizen of India
   by Birth [ ] By Domicile [ ]
   (please attach the attested copy of certificate for SC,ST,OBC & PWD)

5. Category :

   SC [ ] ST [ ] OBC [ ] UR [ ] PWD [ ]

6. Address to which Communications should be sent (also furnish email, fax, telephone number, if any) :

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

   E mail:_____________________________
   Phone:___________________ Mobile:__________________

7. Permanent Home Address :

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

   E mail:_____________________________
   Phone:___________________ Mobile:__________________
8. **(a) Educational Qualifications:**

<table>
<thead>
<tr>
<th>Degree</th>
<th>Discipline</th>
<th>University</th>
<th>Class</th>
<th>% of marks/CGPA</th>
<th>Year of passing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bachelor’s Degree</td>
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<tr>
<td>Master’s Degree</td>
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<tr>
<td>Ph.D. Degree</td>
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<td>Others (if any)</td>
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</tbody>
</table>

(b) Have you cleared NET / SLET (For Non-Engineering Disciplines)

(c) GATE Score ......................, All India Rank ......................, Year ......................

9. **Details of PG/Ph.D. thesis**

<table>
<thead>
<tr>
<th>Degree</th>
<th>Title of the thesis</th>
</tr>
</thead>
<tbody>
<tr>
<td>P.G.</td>
<td></td>
</tr>
<tr>
<td>Ph.D.</td>
<td></td>
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</tbody>
</table>

10. **Professional Experience** (Teaching/Research/Industrial) in chronological order up to the present post

<table>
<thead>
<tr>
<th>Organization</th>
<th>Designation</th>
<th>From</th>
<th>To</th>
<th>Last pay band and Grade</th>
</tr>
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</tbody>
</table>

11. **Academic Profile** (Give details of the following in separate sheets)

(a) Publication details (Give numbers) (Attach reprints of best 5 recent publications)

<table>
<thead>
<tr>
<th>Sl.No</th>
<th>Nature</th>
<th>Published</th>
<th>Accepted</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Refereed Journals #</td>
<td>National</td>
<td></td>
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<td></td>
<td></td>
<td>International</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Conferences/Presentations (proceedings)</td>
<td>National</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>International</td>
<td></td>
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<tr>
<td>3.</td>
<td>Books</td>
<td></td>
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<tr>
<td>4.</td>
<td>Book Chapters</td>
<td></td>
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</tbody>
</table>

# Attach a separate sheet with the list of all publications / presentations classified as National/ International along with science citation Index (SCI)
(b) No. of PG Dissertations/Ph.D. thesis guided/co guided: 

Ph.D. 
(Attach the titles of the P.G./Ph.D.s guided)

(c) No. of Workshop/Training Programmes/Summer/ Winter Schools / Conferences Attended /Organized:

(d) Awards, Patents, Prizes, Honours:

(e) Any other relevant information on your academic standing in brief:

12. Research Projects:

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Title of the Project</th>
<th>Amount in Rs.</th>
<th>Funding Agency</th>
<th>Period</th>
<th>Remarks (Completed/Ongoing)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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</table>

13. Consultancy

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name of Organisation</th>
<th>Year</th>
<th>Amount (Rs.)</th>
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<tbody>
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<td>1.</td>
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<td>2.</td>
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<tr>
<td>3.</td>
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</tbody>
</table>

14. Professional Affiliation, Indian and Foreign (Membership of Societies, etc.)

<table>
<thead>
<tr>
<th>Organization</th>
<th>Year of induction</th>
<th>Grade of Membership</th>
<th>Remarks</th>
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</table>

15. Present Basic Pay: ____________________ Time required to join if post is offered: ____________________
16. Please provide two references (Not related to the candidate), who are well aware of capability of candidate in the following format. Submit these details of two references in two separate sealed covers along with the application.

Name of Candidate: 
Name and Designation of Referee: 
Contact Details: 
I know __________________ for _____ years in my capacity as guide/professor.
According to my evaluation the candidate is rated as below (1 to 10 scale)

a. Academic Excellence
   a) Knowledge of fundamentals [ ]
   b) Knowledge of latest trends [ ]

b. Academic Delivery
   a) Subject lecture preparation capability [ ]
   b) Communication capability for delivering lectures and handling of 100 students [ ]
   c) Doubt clearing/clarification capability [ ]
   d) Student friendly approach [ ]

c. Research
   a) Research planning [ ]
   b) Research execution [ ]
   c) Technical documentation capabilities [ ]

d. Character/Integrity/Moral quality
   I recommend him/her for faculty position at NIT, Trichy.

17. List of Documents enclosed:

1.
2.
3.
.
.
.
18. DECLARATION

I hereby declare that the information given above is correct and to the best of my knowledge and belief. I fully understand that if it is found at a later date that any information given in the application is incorrect/false or if I do not satisfy the eligibility criteria, my candidature/ appointment is liable to be cancelled/terminated.

Place :
Date :

Signature of the Applicant

19. Endorsement of the Present Employer:

The application of ________________________________
(Name and Designation of applicant) for the post of Ad-hoc faculty in the department of Civil Engineering NIT, Tiruchirappalli-15 is forwarded to the Director, National Institute of Technology, Tiruchirappalli-620 015.

Date :

Signature of the Head of the Institution with Seal
**DATA SHEET**
(To be filled by the candidate)

**Post applied for**: Ad-hoc Faculty in Civil Engineering  **Department**:

1. **Name and Address**

2. **Age/Date of Birth**

3. **Category: (SC/ST/OBC/UR)**  **PWD**: Yes/ No

4. **Educational Qualifications:**

<table>
<thead>
<tr>
<th>Degree</th>
<th>Specialization</th>
<th>University</th>
<th>% of marks/CGPA</th>
<th>Class</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>UG</td>
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<tr>
<td>PG</td>
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<tr>
<td>Ph.D.</td>
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<tr>
<td>Others</td>
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</tr>
</tbody>
</table>

5. **Post Doctoral Specialization**

6. **Present Position, with salary details**

7. **Total Experience**: Years [ ]  **Post Ph.D. experience**: Years [ ]

   - Teaching Experience
   - Research Experience
   - Industrial Experience

8. **Publication details (give numbers)**

   - International Journal Papers
   - Conference Publications

   - No. of Ph.D. thesis guided/co guided.
   - No. of M.S./ M.Tech. Projects guided.

9. **Books and/or Chapters Authored/Co-authored**

10. **Patents**

<table>
<thead>
<tr>
<th>Name of Patent</th>
<th>Year</th>
<th>Organization</th>
</tr>
</thead>
</table>

11. **Research projects/Consultancy**

<table>
<thead>
<tr>
<th>Name of Organization</th>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
</table>
The form of certificate to be produced by Scheduled Castes and Scheduled Tribes candidates applying for appointment to posts under the Government of India

This is to certify that Shri/Shrimati/Kumari* ………………………son/daughter* of of village/town* ……………………………. in District/Division* ……………………….of the State/Union Territory* ……………………… belongs to the caste/tribe* which is recognised as a Scheduled Caste/Scheduled Tribe* under:—

@ The Constitution (Scheduled Castes) Order, 1950
@ The Constitution (Scheduled Tribes) Order, 1950
@ The Constitution (Scheduled Castes) Union Territories Order, 1951
@ The Constitution (Scheduled Tribes) Union Territories Order, 1951

[as amended by the Scheduled Castes and Scheduled Tribes List (Modification) Order, 1956;
the Bombay Reorganisation Act, 1960, the Punjab Reorganisation Act, 1966, the State of Himachal Pradesh Act, 1970, the North Eastern Areas (Reorganisation) Act, 1971, the Scheduled Castes and

<p>| | |</p>
<table>
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<th></th>
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<tbody>
<tr>
<td>12.</td>
<td>Awards/ Distinctions, if any-</td>
</tr>
<tr>
<td>13.</td>
<td>Any other relevant information-</td>
</tr>
</tbody>
</table>

Place:
Date:
Signature of the Applicant

@ The Constitution (Jammu and Kashmir) Scheduled Castes Order, 1956
The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959 as amended by the Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 1976
The Constitution (Dadar and Nagar Haveli) Scheduled Castes Order, 1962
@ The Constitution (Dadar and Nagar Haveli) Scheduled Tribes Order, 1962
@ The Constitution (Pondicherry) Scheduled Castes Order, 1964
@ The Constitution (Uttar Pradesh) Scheduled Tribes Order, 1967
@ The Constitution (Goa, Daman and Diu) Scheduled Castes Order, 1968
@ The Constitution (Goa, Daman and Diu) Scheduled Tribes Order, 1968
@ The Constitution (Nagaland) Scheduled Tribes Order, 1970
@ The Constitution (Sikkim) Scheduled Castes Order, 1978
@ The Constitution (Sikkim) Scheduled Tribes Order, 1978
The Constitution (Jammu & Kashmir) Scheduled Tribes Order, 1989
The Constitution (SC) Order (Amendment) Act, 1990
The Constitution (ST) Order (Amendment) Act, 1991
@ The Constitution (ST) Order (Second Amendment) Act, 1991
@ The Scheduled Castes and Scheduled Tribes Orders (Amendment) Act 2002
@ The Constitution (Scheduled Castes) Order (Amendment) Act, 2002
@ The Constitution (Scheduled Castes and Scheduled Tribes) Orders (Amendment) Act, 2002
@ The Constitution (Scheduled Castes) Orders (Second Amendment) Act, 2002

% 2. Applicable in the case of Scheduled Castes/Scheduled Tribes persons who have migrated from one State/Union Territory Administration to another.

This certificate is issued on the basis of the Scheduled Castes/Scheduled Tribes certificate issued to Shri/Shrimati* ........................................ Father/Mother of Shri/Shrimati/Kumari* ........................................ village/town* in……………………District/Division……………….. of the State/Union Territory* …………… who belongs to the caste/tribe* which is recognised as a Scheduled Caste/Scheduled Tribe in the State/Union Territory* of …………………….. issued by the ………………… dated…………………

Shri/Shrimati/Kumari* ………………… and/or* his/her* family ordinarily resides in …………………..village/town* ………………… of ………………… District/Division* of the State/Union Territory* of…………………

Date :
Place :

(With Seal of Office) State/Union Territory*

*Please delete the words which are not applicable.
@Please quote specific Presidential Order.
% Delete the paragraph which is not applicable.

NOTE: The term "ordinarily reside (s)" used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.
**List of authorities empowered to issue Scheduled Caste/Scheduled Tribe Certificate.
(i) District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/Deputy Collector/1st Class Stipendiary Magistrate/t Sub-Divisional Magistrate/Taluka Magistrate/Executive Magistrate/Extra Assistant Commissioner.
(not below of the rank of 1st Class Stipendiary Magistrate).
(ii) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/President Magistrate.
(iii) Revenue Officers not below the rank of Tahsildar.
(iv) Sub Divisional Officer of the area where the candidate and/or his/her family normally resides.
(v) Administrator/Secretary to Administrator/Development Officer(Lakshadweep)
Proforma-II

The formof certificate to be produced by Other Backward Classes candidates applying for
appointment to posts under the Government of India (NOT more than ONE
years old).

This is to certify that Shri/Shrimati/Kumari* ........................ son/daughter* of
Shri.......................... of village/town* ...................... in District/Division*
..................... of the State/Union Territory* belongs to the
Community.................. which is recognized as a backward class under:

@ Government of India, Ministry of Welfare Resolution No. 1201i/68/93-BCC (C) dated 10th


Shri/Shrimati/Kumari*................................. and/or* his/her*...............................family ordinarily resides in ..................................village/town* .........................................of District/Division* of the State/Union Territory* of


Place: .................................................. Signature
Date: .................................................. **Designation

*Please delete the words which are not applicable.
@ Strike out whichever is not applicable.
(With seal of Office) State/Union Territory

NOTE: The term “ordinarily reside (s)” used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

**List of authorities empowered to issue OBC Certificate
(i) District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/Deputy Collector/Ist Class Stipendiary Magistrate/Sub-divisional Magistrate/Taluka Magistrate/Executive Magistrate/Extra Assistant Commissioner-1-(not below of the rank of 1st Class Stipendiary Magistrate).
(ii) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.
(iii) Revenue Officers not below the rank of Tehsildar.
(iv) Sub Divisional Officer of the area where the candidate and/or his/her family normally resides.
(v) Administrator/Secretary to Administrator/Development Officer (Lakshadweep)
Note 1: Candidates claiming to belong to OBCs should note that the name of their caste (including its spellings) as indicated in their certificates, should be exactly the same as published in the lists notified by the Central Government from time to time. A certificate containing any variation in the caste name will not be accepted.
Note 2: The OBC claim of a candidate will be determined in relation to the State (or part of the State) to which his/her father originally belongs. A candidate who has migrated from one State (or part of the State) to another should, therefore, produce an OBC certificate which should have been issued to him/her based on his/her father’s OBC certificate from the State to which he (father) originally belongs.
Note 3: No change in the community status already indicated by a candidate in his/her simplified application form for this examination will ordinarily be allowed by the Commission.

Proforma-III

Form of declaration to be submitted by the OBC candidate (in addition to the community certificate)

I  .................................................. Son/daughter of Shri  .................................
reside of  ........................................ village/town/city  .................................
District........................................... state hereby declare that I belong to the community which is recognized as a backward class by the Government of India for the purpose of reservation in services as per orders contained in Department of

Signature
Full Name
Address

Proforma-IV
The form of certificate to be produced by Physically Handicapped candidates applying for appointment to posts under the Government of India
NAME & ADDRESS OF THE INSTITUTE/HOSPITAL
Date:

Certificate No
DISABILITY CERTIFICATE

Recent Photograph of the candidate showing the disability duly attested by the Chairperson of the Medical Board __________________________

This Is certified that Shri/Smt./Kum __________________________ son/wife/daughter of Shri_________ ________ age _____ sex ____________________ identification mark(s) is suffering from permanent disability of following category:

A. Locomotor or Cerebral Palsy:
   (i) BL—Both legs affected but not arms
   (ii) BA—Both arms affected (a) Impaired reach (b) Weakness of grip
   (iii) BLA—Both legs and both arms affected
   (iv) OL—One leg affected (right or left) (a) Impaired reach (b) Weakness of grip (c) Ataxic
   (v) QA—One arm affected (right or left) (a) Impaired reach (b) Weakness of grip (c) Ataxic
   (vi) BH—Stiff back and hips (cannot sit or stoop)
   (vii) MW—Muscular weakness and limited physical endurance. B. Blindness or Low Vision:
       (i) B—Blind (ii) PB—Partially blind
   C. Hearing impairment: (i) D—Deaf (ii) PD—Partially deaf

(Delete the category whichever is not applicable)

2. This condition is progressive/non-progressive/likely to improve/not likely to improve.
Reassessment of this case is not recommended/is recommended after a period of years months.*

3. Percentage of disability in his/her case is Percent.

4. Shri/Smt./Kum __________________________ meets the following physical requirements for discharge of his/her duties:
   (i) F—Can perform work by manipulating with fingers. Yes/No
   (ii) PP—Can perform work by pulling and pushing. Yes/No
   (iii) L—Can perform work by lifting. Yes/No
   (iv) KC—Can perform work by kneeling and crouching. Yes/No
   (v) B—Can perform work by bending. Yes/No
   (vi) S—Can perform work by sitting. Yes/No
   (vii) ST—Can perform work by standing. Yes/No
   (viii) W—Can perform work by walking. Yes/No
   (ix) SE—Can perform work by seeing. Yes/No
   (x) H—Can perform work by hearing/speaking. Yes/No
   (xi) RW—Can perform work by reading and writing. Yes/No

(Dr ) (Dr ) (Dr )
Member Member Chairman
Countersigned by the Medical Superintendent/CMO/Head of Hospital (With seal)  
Strike out whichever is not applicable.