

ONATIONAL INSTITUTE OF TECHNOLOGY, TIRUCHIRAPPALLI-15, TAMIL NADU, GOVT OF INDIA (Deemed university)

Phone: 0431-2503835/36/39/40 Fax: 91-431-2500133 <u>www.nitt.edu</u> ESTATE MAINTENANCE / ELECTRICAL Email: emc@nitt.edu

WALK - IN - INTERVIEW

Notification No: NITT/EMD/EMC/TEMP.REC./2014-15, Dt:11-April-2014

Applications are invited from the eligible candidates for the following posts on Temporary basis.

Position	No. of vacancies	Eligibility Criteria	Location	Consolidated Pay
Electrician	03 (Three)	 Should possess a ITI in Wireman /Electrician from a recognized Institute. Should have a minimum of 3-5 years experience in attending Electrical Complaints. 	NIT,Trichy	Rs.7,500
AC Mechanic 01(One)		 Should possess a ITI in Refrigeration and Air conditioning from a recognized Institute. Should have a minimum of 3-5 years experience in HVAC field. 	NIT,Trichy	Rs.7,500

Interested candidates can attend Walk in Interview on 30th April 2014 and bring all the relevant original certificates along with set of self attested copies and two recent passport size photos and filled in Application form.

Registration time: 9.00 a.m to 10.00 a.m Interview time: 10.05am

Venue: Conference Room Civil Department.

Sd. Chief of Works



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Notification No: NITT/EMD/EMC/TEMP.REC./2014-15, Dt:11-April-2014 Application form for Electrician / AC Mechanic

1.	Full Name(in Block letter)	:	Recent
2.	Father's Name / Guardian Name	:	passport size
3.	Age (As 1 st April 2014)	:	color photo
4.	Date of Birth (DD/MM/YYYY)	:	•
5.	Sex	:	
6.	Marital Status	:	
7. Community		: Gen / OBC / SC / ST (Enclose	
	Proof)		
8. Communication Address		:	
	Pin code	:	
9.	Contact No	:	
10. Email		:	
11.Educational Qualification		:	

SI.No	Examination passed	Name of the Institution / Board	Year of passing	Subject / Specialization	% of Marks / Grade	Division / Class

For / NITT Office Use only

Applicant Id		Reason	
Status	Accepted / Rejected		Signature of NITT official

12.Professional Experience in chronological order up to the present post: (Enclose copy of appointment order)

Designation	From	То	Pay
	Designation	Designation From	Designation From To

13. Name of two References (Optional)

Full Name of Reference 1.			
Address:			
Email:	Phone:		
Full Name of Reference 2.			
Address:			
Email:	Phone:		

I hereby declare that the information given above is correct to the best of my knowledge and belief. I fully understand that if it is found at later date any information given in the application is incorrect / false or if I do not satisfy the eligibility criteria, my candidature is liable to be cancelled / terminated without notice.

Date: Signature of the Applicant