

**Government of India**  
**Ministry of Skill Development & Entrepreneurship**  
**NATIONAL SKILL TRAINING INSTITUTE**  
**P.O-Udyog Nagar Kanpur-208022**  
**Email: [nsti-kanpur@dgt.gov.in](mailto:nsti-kanpur@dgt.gov.in)**

**APPLICATION FORM FOR GUEST FACULTY**  
**(FILL ALL ENTRY IN CAPITAL LETTERS)**

**Name of the Post Applied for.....**

1. Name of the Candidate : .....
2. Father's /Husband's Name : .....
3. Date of Birth : .....
4. Category : .....
5. Gender : .....
6. Permanent Address : .....
7. Nationality : .....
8. Contact No. : .....
9. E-mail ID : .....
10. Correspondence Address : .....

*Affix recent passport  
size colour photograph  
(Self-attested on the  
front) and enclosed 02  
photograph additionally*

**11. Attach self-attested Photocopy of all Certificates and Mark sheets**

**(A)Educational Qualification**

Examination Passed	Name of Board / University	Year of Passing	Division /Grade	Full Marks	Marks Secured	% of Marks
10 <sup>th</sup>						
10+2						
Others						

**(B)Technical / Professional Qualification**

Examination Passed	Name of the Course	Branch /Trade	Name of Board / University	Year of Passing	Full Marks	Marks Secured	% of Marks
B-Tech / Diploma / NTC							
CITS							
TOT							
Others							

**(C) Any other Information:.....**

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**12. Experience:** (attach self-attested Photocopy)

Sr. No	Name of the Organization	Type of Organization (Government / Private)	Designation	Nature of Work	Time period	
					From	To

**13.** Have you ever been punished during your service or convicted by a court of law? (Yes/No):

**14.** Were you at any time declared medically unfit or asked to submit your resignation or discharged or dismissed? (Yes/No):

**15.** Do you have any case pending against you in any court of law? (Yes/No)

**DECLARATION**

Certified that all the information furnished above by me is true, complete, and correct to the best of my knowledge and belief. I understand that in the event of any information found false/incorrect/suppressed or any ineligibility being detected before or after the interview/selection, my candidature is liable to be cancelled /my services are liable to be terminated and NSTI Kanpur will not entertain any correspondence in this regard.

Place:.....

Date:.....

**Full Signature of the Applicant**

**(For Office use only)**

Whether the applicant is eligible or not eligible (Yes / No).....

Remarks (in case of not eligible /others): .....

Signature of Scrutiny officer

Name:.....

Designation .....