

Government of India
Ministry of Skill Development & Entrepreneurship
NATIONAL SKILL TRAINING INSTITUTE
P.O-Udyog Nagar Kanpur-208022
Email: nsti-kanpur@gov.in

APPLICATION FORM FOR GUEST FACULTY
(FILL ALL ENTRY IN CAPITAL LETTERS)
SESSION 2025-26

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. (A)Educational Qualification (attach self-attested Photocopy of all Certificates and Mark sheets)

Examination Passed	Name of Board / University	Year of Passing	Division /Grade	Full Marks	Marks Secured	% of Marks
10 th						
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:.....

.....

.....

12. Experience: (attach self-attested Photocopy)

Sr. No	Name of the Organization	Type of Organization (Government / Private)	Designation	Nature of Work	Duration	
					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 canceled/my services are liable to be terminated and NSTI, Kanpur will entertain no 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