

NATIONAL INSTITUTE OF CONSTRUCTION MANAGEMENT AND RESEARCH
NICMAR Application For Employment
Staff Position

Post applied for: _____	
Desired Salary: _____ per month	Number of days you can join after receiving appointment letter: _____
Ever applied for this Institute before _____ post applied _____ where _____ when _____ Referred by (name and address): _____ _____	
Fair recruitment	
1. To ensure a fair recruitment process, do you know, or are you related to, any employee of NICMAR? YES / NO: _____. If YES Please provide, Name of person: _____ _____ Department: _____	
2. Are you currently engaged as an agency/vendor/contractor worker at NICMAR? YES / NO _____ If YES please provide, Name of contractor/agency/vendor: _____ Name of department at NICMAR to which service is provided: _____	
3. Are you a current employee of NICMAR? YES / NO _____. If YES, please provide, Designation: _____ Department: _____	

PERSONAL DETAILS (IN CAPITAL LETEER). Enclose the self attested copy of Adhar and PAN card	
Name: _____ Surname Given name Middle name Sex: Male / Female _____ Date of birth (DD/MM/YYYY): _____ Age in completed years: _____ Nationality: _____ Domicile (state): _____ Adhar card no. (if having): _____ PAN card no.(if having): _____	Affix recent passport size colour photograph
Present address (for mailing): _____ _____	
City: _____ Pin: _____ Sate: _____	
Mobile no: _____ Email ID: _____	
Civic status: Married _____ Unmarried _____ Others _____	
If married, provide details of spouse: Full name: _____	
Occupation: _____ Name of employer: _____	

Details of: 1. _____, 2. _____, 3. _____
 Children Name / Age Name / Age Name / Age

Details of dependents (name and relation): 1. _____
 2. _____ 3. _____

EX-SERVICEMEN DETAILS (if any)

Date of joining Service: _____ Date of discharge from the service _____

Service No. _____ Rank: _____

MEDICAL HISTORY / DISABILITY. Please specify name/s of illness/diseases/disability (if any)

Chronic disease: _____

Surgeries: _____

Any other diseases/illness/disability: _____

EDUCATIONAL QUALIFICATIONS (Pl. enclose the self attested copy of certificates)

Sr. No.	Qualification	University/ Board	School/College/ Institution	Month & Year of passing	Marks obtained in %	Major subjects	Medium of instruction	Encl. No.
1	1. SSC 2. SSLC 3. ICSE 4. CBSE 5. IB 6. Other							
2	HSC/Pre University							
3	Bachelor's Degree							
4	Post Graduate Degree							
5	Other Professional Qualification							
6	Upto what level did you study Mathematics (tick) 10 th _____ 12 th _____ Graduate _____ Post Graduate _____							
7	Languages you can read and write (other than English) _____							

PRESENT EMPLOYMENT (enclose self attested copy of appointment letter)

Name and address of the Organisation: _____

Designation: _____

Date of Joining (DD/MM/YYYY): _____

Scale of Pay Rs.: _____

Total emolument per month Rs.: _____

Nature of responsibilities: _____

Reason for leaving: _____

Will you permit us to make reference to your present employer?

YES / NO _____

Name of person to contact: _____

Contact number: _____

Email ID: _____

PARTICULARS OF YOUR PAST POSITIONS (S) (enclose self attested copy of certificate of work experience if any)

Employer 1: Name and address: _____

Date of		Designation	Last gross monthly pay (Rs.)	Nature of work and reason for leaving
Joining	Leaving			

Employer 2: Name and address: _____

Date of		Designation	Last gross monthly pay (Rs.)	Nature of work and reason for leaving
Joining	Leaving			

Employer 3: Name and address: _____

Date of		Designation	Last gross monthly pay (Rs.)	Nature of work and reason for leaving
Joining	Leaving			

Employer 4: Name and address: _____

Date of		Designation	Last gross monthly pay (Rs.)	Nature of work and reason for leaving
Joining	Leaving			

Employer 5: Name and address: _____				
Date of		Designation	Last gross monthly pay (Rs.)	Nature of work and reason for leaving
Joining	Leaving			

MEMBERSHIP OF TECHNICAL OR PROFESSIONAL BODIES (if any)		
Name of the Body	Status of membership: Life / Annual	Membership No.

REFERENCES (Provide details of three references)			
	Reference 1	Reference 2	Reference 3
Name and address			
Company			
Designation			
Phone/Mobile			
Email			

COMPUTER PROFICIENCY Tick under the appropriate level of proficiency			
Name of application	High	Low	NIL
MS Word			
MS Power point			
MS Excel			
Tally			
MS Teams, WebEx or Zoom			
Outlook			
Any other: _____			

COMPUTER PROFICIENCY FOR IT STAFF Tick under the appropriate level of proficiency			
Name of application	High	Low	NIL
MS Office			
C#			
.Net (MV C5)			
WordPress			
Java Script			
AJAX			
LMS			
SQL Server			
Oracle			
IIS Server			

AWS			
CSS			
Angular JS			
jQuery			
Python			
Adobe Flash			
Any other:			

STATEMENT OF PURPOSE TO JOIN NICMAR (Write in 500 words as to why you wish to join NICMAR)

ACKNOWLEDGEMENT AND AUTHORIZATION

I certify that the particulars given in this application form are correct to best of my knowledge.

Place: _____ Date: _____ Signature: _____

Total no. of Enclosures: _____

INSTRUCTIONS

1. Fill this form in your own handwriting.
2. Affix the most recent passport size colour photograph at the space provided.
3. Attach Xerox copies of all qualifications, work experience, testimonials as mentioned. They should be and numbered in the order required. They will not be returned.
4. All information supplied in this Form will be kept confidential and used for the purpose for which it is received.
5. Filling this Form and sending it to NICMAR creates no binding on either side.