



NATIONAL INSTITUTE OF TECHNOLOGY SRINAGAR
(An autonomous Institute of National Importance under the aegis of Ministry of Education, Govt. of India)
DEPARTMENT OF TRAINING & PLACEMENT

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Hazratbal , Srinagar Jammu and Kashmir, 190006,INDIA

NO: NIT/T&P/2022/

Dated: 6-02-2022

NOTICE

It is for the information of final year students of M.Tech (2020-2022) of Communication & Information Technology that **Bharat Electronics Limited** is starting their recruiting process for NIT Srinagar students.

Eligibility:

1. Student maximum age should be not more than 27 years for general/EWS, 30 years for OBC-NCL, 32 years for SC/ST as on 1/1/2022 and for PWD candidates 10 years over in addition to the age limit in that category.
2. General / EWS / OBC candidates should have an aggregate of 65% and SC/ST/PWD candidates should have an aggregate of 55%, till the 4th semester/2nd year.
3. Candidates belonging to category shall produce latest certificate in the format prescribed for the appointment to posts under the Govt of India. Certificates in any other format will not be considered.
4. Candidates who have not cleared the backlogs in subjects from the previous semesters/years are not eligible to appear for the interview. As on the date of interview they should have passed all the subjects of previous Semesters.
5. M.E. / M.Tech. must be preceded by B.E/B.Tech. (CSE /Equivalent).

Instructions:

1. Candidates should upload the Biodata in the format as attached.
2. Candidates belonging to category should upload the certificates in prescribed format as attached.

Interested and eligible students can apply for the same by filling the information via following google form:

<https://forms.gle/ui1K19EQsvCoarXb9>

Note:

1. The students are required to apply by 7/2/2022 (11:59PM).
2. Strict action will be taken against those who will fill wrong/false credentials, applied by ineligible candidate and applying against T& P policy.

Dr.Obbu Chandra Sekhar
Head, Training & Placement
NIT Srinagar

केंद्रीय अनुसंधान प्रयोगशाला, गाज़ियाबाद
CENTRAL RESEARCH LABORATORY, GHAZIABAD

अपनी फोटो
चिपकाना
(वैकल्पिक)

1. पूरा नाम (श्री/ सुश्री) :
(एसएसएलसी प्रमाण पत्र के अनुसार)
Name in full : (Mr./Ms.) :
(As per SSLC certificate)
2. पिता का नाम :
Father's Name :
3. आयु एवं जन्म तिथि :
Age & Date of birth :
4. लिंग पुरुष/महिला :
Gender: M/F :
5. राष्ट्रियता :
Nationality :
6. श्रेणी-सामान्य/अनु.जा./अनु.ज.जा/ओ बी सी :
(निर्धारित प्रारूप में प्रमाण पत्र संलग्न करें)
Category-General/SC/ST/OBC :
(Enclose Certificate in the prescribed format)
7. ए) अगर आप शारीरिक रूप से विकलांग हैं
यदि हाँ, विकलांगता की प्रकृति का संकेत
(निर्धारित प्रारूप में विकलांगता प्रमाण पत्र संलग्न किया जाना है)
बी) विकलांगता की डिग्री :
a) Indicate if you are a Physically Disabled Person:
If yes, indicate nature of Disability
(Disability certificate in the prescribed format to be enclosed)
b) Degree of Disability :
8. धर्म: हिन्दू / मुस्लिम / ईसाई / सिख /
नव-बौद्ध पारसी, अन्य (कृपया स्पष्ट करें)
Religion: Hindu / Muslim / Christian / Sikh /
Neo-Buddhist / Zoroastrian, others (please specify):
9. ए) शौक / विशेष रूचियाँ
बी) एनसीसी / स्काउट / सांस्कृतिक गतिविधियों / बहस /
प्रतियोगिता / खेल आदि में यदि भाग लिया हो (कृपया स्पष्ट करें)
a) Hobbies / Special Interests :
b) Whether participated in NCC/Scouts/Cultural activities/
Debate/ Competition / Sports etc. (Please specify) :
10. योग्यता : (शैक्षणिक / व्यावसायिक)
(डिवीजन और उत्तीर्ण करने का वर्ष इंगित करें)
Qualification: (Academic / Professional)

ओ एच OH	वी एच VH	एच ए च HH

(Indicate division & year of passing)

एसएसएलसी के बाद से शैक्षिक स्थिति Educational status since SSLC	संस्थान / विश्वविद्यालय Institute / University	मुख्य विषय Main Subject	अंकों का प्रतिशत Class secured/ Percentage of marks	उत्तीर्ण वर्ष Passing year

11. अनुभव के विवरण

Details of Experience:

क्र. सं Sl. No.	संगठन का नाम Name of organization	से From	तक Till	पद Designation	संक्षिप्त में जिम्मेदारियों का स्वरूप The nature of the responsibilities in brief

12. पता (पिन कोड, ईमेल आईडी और फोन नं. अनिवार्य)

Address (Pin Code, email id and phone no. are mandatory fields)

स्थायी / Permanent	पत्राचार / Correspondence
फोन नं (एसटीडी कोड के साथ): Phone No. (With STD code)	फोन नं.: Phone No.

मोबाइल नं. / Mobile No.

ईमेल पता:/E-Mail Address

13. बीईएल में कार्यरत रिश्तेदार का विवरण, यदि कोई हो

Details of relatives employed in BEL, if any

नाम /	संबंध /	पद /	विभाग /	यूनिट /
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Name	Relation	Designation	Department	Unit

14. आप पहले भी बी ई एल की चयन प्रक्रिया में उपस्थित हुये है? यदि हाँ, तो संक्षिप्त में विवरण प्रस्तुत करें:

Have you appeared for any previous selection for Appointment in BEL? If so, please furnish details in brief:

15. क्या आप शादीशुदा हैं? यदि हाँ, पति / पत्नी के रोजगार विवरण प्रस्तुत करें:

Are you married? If yes, please furnish employment details of spouse.:

16. अतिरिक्त जानकारी, यदि कोई हो:

Additional information, if any.:

17. घोषणा Undertaking

मैं पुष्टि करता हूँ कि ऊपर दी गई जानकारी सत्य और सही है। मैं आगे घोषित करता हूँ कि यदि किसी भी स्तर पर यह पता चलता है कि मेरे द्वारा गलत प्रतिनिधित्व तथ्यों को जानबूझकर छुपाने का प्रयास किया गया है तो सरसरी तौर पर मेरी उम्मीदवारी को खारिज कर दिया जाए या मेरा रोजगार समाप्त कर दिया जाए।

I affirm that the information given above is true and correct. I further declare that if any stage it is discovered that an attempt has been made by me to willfully conceal or mis-represent facts, my candidature may be summarily rejected or my employment terminated.

दिनांक / Date:

स्थल / Place

उम्मीदवार के हस्ताक्षर
Signature of Candidate

Annexure-I

Government of
(Name & Address of the authority issuing the certificate)

INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Certificate No. _____

Date: _____

VALID FOR THE YEAR _____

This is to certify that Shri/Smt./Kumari _____ son/daughter/wife of _____ permanent resident of _____, Village/Street _____ Post. Office _____ District _____ in the State/Union Territory _____ Pin Code _____ whose photograph is attested below belongs to Economically Weaker Sections, since the gross annual income* of his/her 'family'** is below Rs. 8 lakh (Rupees Eight Lakh only) for the financial year _____. His/her family does not own or possess any of the following assets*** :

- I. 5 acres of agricultural land and above;
- II. Residential flat of 1000 sq. ft. and above;
- III. Residential plot of 100 sq. yards and above in notified municipalities;
- IV. Residential plot of 200 sq. yards and above in areas other than the notified municipalities.

2. Shri/Smt./Kumari _____ belongs to the _____ caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List)

Signature with seal of Office _____

Name _____

Designation _____

Recent Passport size
attested photograph of
the applicant

*Note1: Income covered all sources i.e. salary, agriculture, business, profession, etc.

**Note 2: The term "Family" for this purpose include the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years

***Note 3: The property held by a "Family" in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status.

**FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD
CLASSES APPLYING FOR APPOINTMENT OF POSTS UNDER THE
GOVERNMENT OF INDIA.**

This is to certify that Shri/Smt./Kum.* _____ son/daughter* of
Shri _____ of village/town _____ district _____
in _____ state belongs to _____ community which is
recognized as backward class under the Government of India, Ministry of Welfare Resolution
No. 12011/68/93- BCC(C), dated 10th September. 1993 published in the Gazette of India
Extraordinary part I Section I date 13th September 1993. Shri/Smt./Kum*
_____ and/or his/her family ordinarily reside(s) in the
_____ District of the _____ state. This is also to certify that he/she
does not belong to the persons/selections (creamy layer) mentioned in column 3 (of the
schedule to the Government OF India, Department of Personnel & Training
O.M.No.36012/22/93-Estt.(SCT), dated 8.9.1993) and modified vide Government of India,
Department of Personnel and training O.M No.36033/3/2004 - Estt.(Res) dated 09.03.2004.

Dated

District Magistrate,
Deputy Commissioner etc..

Seal

N.B

(a) The term 'ordinarily' used here will have the same meaning as in section 20 of the Representation of the peoples Act, 1950

(b) Where the certificates are issued by Gazetted officers of the union Government or state Governments, they should be in the same form but counter signed by the District Magistrate or Deputy Commissioner (Certificates issued by Gazetted Officers and attested by District Magistrate/Deputy Commissioner are not sufficient)

* Should be dated 6 months prior to the date of advertisement.

DECLARATION

I _____ certify that the above said particulars are true to the best of my knowledge and belief and that do not belong to the Creamy Layer of OBCs and am eligible to be considered for the posts reserved for O.B.Cs. In the event of any information being found false or incorrect, or ineligibility being detected before or after the selection, I understand that my candidature/appointment is liable to be canceled and I shall be liable to such further action as may be provided under the law and/or Rules.

Yours faithfully,

Signature of the Candidate

Place:

Date:

Annexure – VIII

Form of Caste Certificate to be produced by a candidate belonging to a Scheduled Caste or Tribe in support of his/her claim.

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 lists (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 and the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 1976)]

- # The Constitution (Jammu & Kashmir) Scheduled Castes Order, 1956.
- * The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Orders, 1959 as amended by the Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 1976.
- * The Constitution (Dadra and Nagar Haveli) Scheduled Castes Order, 1962.
- * The Constitution (Dadra and Nagar Haveli) Scheduled Tribes Order, 1962.
- * The Constitution (Pondicherry) Scheduled Tribes Order, 1962
- * The Constitution (Scheduled Tribes) (Uttar Pradesh) Order, 1967
- * The Constitution (Goa, Daman and Diu) Scheduled Castes Order, 1968.
- * The Constitution (Goa, Daman and Diu) Scheduled Castes Order, 1968.
- * The Constitution (Nagaland) Scheduled Tribes Order, 1970.

..... 2/-

2. Shri/ Shrimati * / Kumari *
and his/her * family ordinarily reside(s) in Village / Town
..... of
District / Division * of the State / Union Territory*

SIGNATURE

Designation
(With seal of
Office)

Place..... State
.....
Union Territory *

Date

* Please delete the words which are not applicable.

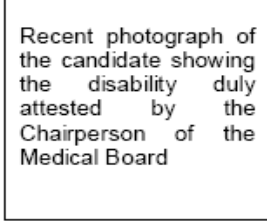
Note : (1) The terms `Ordinarily resides' used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950

(2) Certificates are valid only when they are issued by the Competent Authority empowered to issue the certificate and is in the relevant name of the community and not in its synonyms or equivalents (which are meant only for purposes of verification of claims of members of relevant community calling themselves by such synonyms or equivalent).

Certificate No.

Date :

DISABILITY CERTIFICATE



This is certified that Shri/Smt/Kum.....Son/wife/daughter of Shri age..... sexidentification mark(s)is suffering from permanent disability of following category :

1.

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) OA – One arm affected (a) Impaired reach (b) Weakness of grip (c) Ataxic
- (vi) BH – Stiff back and hips (can not 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. Re-assessment of this case is not recommended / is recommended after a period ofyears.....months*.

3. Percentage of disability is 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.....)
Member
Medical Board

(Dr.....)
Member
Medical Board

(Dr.....)
Chairperson
Medical Board

Countersigned by the
Medical Superintendent/CMO/Head of Hospital (with seal)

*strike out whichever is not applicable.