

Regn./Roll No. _____
(for office use)



भारतीय प्रौद्योगिकी संस्थान दिल्ली
Indian Institute of Technology Delhi

Hauz Khas, New Delhi – 110 016

Tel: (011) 2659-1488

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APPLICATION FORM FOR THE POSITION OF
CONSULTANT

(To be filled in candidate's own handwriting)

I. Name of the post applied for **Consultant**

II. Department / Centre: **Sports Unit**

III. Advt. No. **E-II/27/2026(W) Dated August 21, 2026**

Affix latest
passport size
photograph

1. Name of the candidate _____
(FULL NAME IN BLOCK LETTERS)

2. Gender _____

3. Father's /Mother's/Spouse Name: _____

4. Address (IN BLOCK LETTERS)

(i) For Communication

(ii) Permanent

_____	_____
_____	_____
_____	_____
_____	_____

Telephone/Mobile No. _____

E-mail Address _____

5. Particulars of age, birth, nationality
(as per matriculation or equivalent Certificate)

(i) Date of Birth _____

(ii) Age (on last date of receipt of application)
_____ years _____ Months _____ Days

(iii) Place of Birth _____ Nationality _____

6. Particulars of Qualification and Experience:

If space is insufficient, separate sheet can be used. Attested copies of certificates and testimonials in support of the qualifications and experience mentioned should invariably be attached, failing which application is liable to rejection.

a. Qualifications

Academics/Technical/Professional Exams passed with specification / subject (Higher to lower)	Grade / Division	% of marks/ CGPA obtained	Year of passing	Name of the University / Board

b. Experience

Name of the employer / Organization (reverse chronological order)	Designation	Dates		Length		Nature of duties / area of specialization etc.	Pay Level as per 7 th CPC
		From	To	Years	Months		

7. Last pay drawn (as per 7th CPC) Rs. _____

8. Tentative date of joining in case of selection _____

I hereby declare that the entries in this form and additional particulars (if any) furnished in connection with the application are correct and true to the best of my knowledge & belief and nothing has been concealed therein.

Signature of Candidate

Place_____

Date_____

Encls:_____(Enclose the list)
