



भारत सरकार / GOVERNMENT OF INDIA

कौशल विकास और उद्यमिता मंत्रालय/ MINISTRY OF SKILL DEVELOPMENT & ENTERPRENUERSHIP

प्रशिक्षण महानिदेशालय / Directorate General of Training

राष्ट्रीय कौशल प्रशिक्षण संस्थान (महिला) / NATIONAL SKILL TRAINING INSTITUTE FOR WOMEN

के. वी. 3 के सामने झालाना डूंगरी जयपुर -302017

Opp. K.V- 3, Jhalana Doongri-Jaipur-302017

E-mail: [nstiw-jaipur@dgt.gov.in](mailto:nstiw-jaipur@dgt.gov.in), Website: [nstijaipur.dgt.gov.in](http://nstijaipur.dgt.gov.in), Phone No. 0141-2702430

## सूचना

Applications are invited for engagement of Guest Faculty purely on temporary basis at NSTI (W), Jaipur as per remuneration fixed by DGT.

Sl. NO.	Craftsmen Training Scheme(CTS)	No. of Posts	Qualification & Experience
1.	Cosmetology	01	Degree with CITS along with 1 years' experience/ Diploma with CITS along with 2 years' experience / ITI with CITS along with 3 years' experience
2.	Computer Operator & Programming assistant	01	

The Interested Candidates may submit the below attached dully filled form with relevant documents to the undersigned on or before 27<sup>th</sup> February 2025.

आज्ञा से  
क्षेत्रीय निदेशक, आर.डी.एस.डी.ई राजस्थान  
विभागाध्यक्ष एन.एस.टी.आई. जयपुर

## National Skill Training Institute(Women), Jaipur

### APPLICATION FORM FOR GUEST FACULTY SESSION 2024-25

Affix recent passport  
size colour photograph  
(Self-attested on the  
front)

Name of the Post Applied for.....

Advt. No..... Dated:.....

1. **Name of the Candidate :**
2. **Father's /Husband's Name:**
3. **Date of Birth :**
4. **Marital Status :**
5. **Category :**
6. **Nationality :**
7. **Sex (Male/Female) :**
8. **Languages known :**
9. **Permanent Address:**

**Contact No.**

**E-mail ID:**

10. **Present Address :**

**Contact No.**

**E-mail ID:**

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 <sup>th</sup>						
10+2						
UG						
PG						

#### (B) Technical / Professional Qualification

Examination Passed	Name of Board / University	Year of Passing	Division /Grade	Full Marks	Marks Secured	% of Marks
CTS/ Diploma						
CITS						

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

**12. Teaching Experience:**

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

**13. Total work experience** (Year, Months, Days):.....

**14. Brief statement on your viewpoint about teaching:**

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- 15. Have you ever been disqualified during your studies at College/University? (Yes/No):
- 16. Have you ever been punished during your service or convicted by a court of law? (Yes/No):
- 17. Were you at any time declared medically unfit or asked to submit your resignation or discharged or dismissed? (Yes/No):
- 18. 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 NSTIW, Allahabad will entertain no correspondence in this regard.

Place:.....

Date:.....

**Full Signature of the Applicant**

**(For Office use only)**

Details as given in this Application are verified and found correct:.....

Remarks (If Any): .....