Annexure-III

NATIONAL INSTITUTE OF TECHNOLOGY KARNATAKA, SURATHKAL

CHECK LIST FOR ORIGINAL DOCUMENT VERIFICATION FOR ATTENDING INTERVIEW FOR ASSISTANT LIBRARIAN

[The applicant has to bring original documents as applicable mentioned in Sl No. 5 to 15 for verification and one set copy for submission. Mention "NA" for not applicable items.]

	To be Filled by Candidate	
Sl. No	**Items**	**Details**
1	Application Registration Number :	
2	Name of the Candidate as in Application form (in CAPITAL) :	
3	Father's Name :	
4	Date of Birth (dd/mm/yy)	
5	Aadhar No.	
6	Class X Mark Sheet No. (For Date of Birth Verification)	
7	Category (Note: This post is Unreserved Hence this certificate is not for appointment, only for record purpose)	☐ GEN ☐ SC ☐ ST ☐ OBC-NCL ☐ EWS
	Certificate No. & Date of issue **(OBC-NCL and EWS Certificate issued on or after 01-04-2024**)	
8	PWD Certificate with Type of Disability and Percentage of Disability [No & Date of issue]	☐ PWD
9	Central Govt. Service/ Ex-Serviceman Certificate No. & date of issue	

Date: Signature of the Candidate

[P.T.O]

	To be Filled by Candidate				
10	Qualifying Masters Degree as per Recruitment Rules (Tick as applicable)	☐ Library Science ☐ Information Science ☐ Documentation			
	Degree Certificate No.				
	Field/Branch/Specialisation	Year of passing		% marks/CGPA	
11	Qualifying in NET / SLET / SET				
	Name of the Qualifying Exam				
	Certificate Number				
	Date of Certificate				

12	Experience Certificate (For Government Employees Only)				
	Certificate No	Name of Employer	Pay Scale and Grade Pay / Pay Level / Pay Band	Period of Employment	Duration in Years, Months and days

13	NOC Number, Date of Issue (For Government Employees Only) (Date of Issue has to be after 07-01-2025)	
	Name of Employer issued NOC (For Government Employees Only)	
14	Vigilance Certificate Number, Date of Issue (Date of Issue has to be after 07-01-2025) (For Government Employees Only)	
	Name of the Authority issued Vigilance Certificate (For Government Employees Only)	
15	Additional Qualifications, if any	

Date: Signature of the Candidate

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