

### Form No: DOAD-IP-202

## **Indian Institute of Technology Kanpur**

Office of Dean, Administration

#### Papart of Salaction Co

		<u>Report of</u>	of Selection Co	mmittee	•				
1.	Project No.:	2. Advertisement No.:							
3.	Project Title:	,							
4.	Project completion date:								
5.	Date of Interview:								
6.	No. of Candidates: (a) Applied:		(b) Called:		(c) Interviewed:				
The	Selection Committee recommends			wing pe	rsons:				
S1 No	Candidate Name	PF No (if allotte earlier	Date of Birth	Categ ory	Designation	Initial salary Rs. consolidated)	Term of Appointment		
1.									
2.									
3.									
The	Following persons may be kept on wai								
S1 No	Candidate Name	PF No (if allotte earlier	Date of Birth	Categ ory	Designation	Initial salary Rs. consolidated)	Term of Appointment		
1.									
Nan	nes & Signatures of the Selection C	ommittee	Members						
Dec	laration: Selection Committee has re	viewed all	l the enclosures	and veri	ified.				
1.	Chairman		_						
2.									
3.	Member		_						
4.	Member		_						
			Name and sign	nature of	Head/Faculty-in-c	harge/Office	er-in-charg		
Encl	<ul><li>s: 1.*Uploaded Copy of Advt. on Institution</li><li>3. Resume of Selected Candidates with</li><li>5. Comparative Statement of Candidates</li></ul>	th enclosur lates Applie	res 4. Deta ed as per details	ils of Can overleaf	ection Committee and In didates Called and In				
1	For DOAD Office Use								
	1. Validity of Term of Appointment Yes/No								
2.	Remarks, if any.	1	0.1 () 0	•••					
	Kecommena	lations of	Selection Comi	nittee mi	ay be approved				
						App	roved		
Dealing Assistant Jr. Supdt./ Supd		_	Assistant Registrar (Admin.)		Deputy Registrar (Admin.)				
		_							

Please note it is mandatory to upload the copy of Approved advertisement on the DOAD website without which the request for appointment will not be considered.

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# Indian Institute of Technology Kanpur Office of Dean, Administration

Summary of	Candidate for	the Post of	

#### **Shortlisting Criteria:**

No	Applicatio n No. (if online applied)	Current Place,	Board/ University, Subject, Year of Passing, Percentage (in	Experience: Post Held, Employer Name, Nature of Job, Duration of Employment (in Reverse Chronological Order)	Total Exp	Interview	Reason (for Called or Not Called)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Signatures of the Selection Committee Members.