



## **CAREER DEVELOPMENT CENTRE INDIAN INSTITUTE OF TECHNOLOGY KHARAGPUR**

Date : 06-08-2025

### **Sub.: Selection of Departmental Representative for CDC\_2025-26**

As per regular practice, CDC wishes to make joint effort with all the Departments, Centres and Schools to organize the CDC placement activities 2025-26 for the Institute.

In CDC process, Departmental Representative (Dep-Rep) plays an important and supportive role with the Placecomm team members and company executives.

For this year, to select the departmental representative, CDC is sending this communication to all HoD/ HoC/ Chairperson of the Department/ School and Centers, which may be forwarded to concerned Dept. T&P I/C Faculty and Faculty-Advisors/ concerned students also.

**Name of the interested student may be forwarded to CDC by 18<sup>th</sup> August, 2025 (5:00 PM).**

#### **Eligibility to apply for this position at CDC:**

- Only regular and non-sponsored students of the Institute are eligible.
- Third year of B.Tech. / B.Arch. / Dual Degree / BS / MS / B.Sc.-B.Ed. course, first year of M.Tech. / MCP / M.Arch. / M.Sc. (2 yr) course and second year of LLB course students.
- The students should not have ANY ACTIVE BACKLOG or any disciplinary action against him/ her.

#### **Desirable qualities:**

- Once a department gathers a list of students from Faculty Advisers and it may be screened based on the following desirable qualities: **(i) Communication Skill/Team work, (ii) Ready to spare time for CDC activities.**
- Out of the names collected by Faculty Advisers, Dept. in Charge (T&P) and HoD of each department may **recommend only 3-5 names to CDC** as per the attached format. (see overleaf)
- The list should be sent to CDC Office latest by 18<sup>th</sup> August, 2025 (5 PM).

Sd/-  
**(Prof. Sanjay Gupta)**  
**Chairperson, CDC**

**To,**  
**Head of the Department/ School/ Centre - for wide circulation.**

**Please see overleaf for Nomination Format**

## **CDC - DEPARTMENTAL REPRESENTATIVE NOMINATION FORM 2025-26**

**Name of the Department/ School / Centre:** \_\_\_\_\_

Degree/ Course	Name	Roll Number	Mobile Number	Email ID	Remarks #

# Backlog and Disciplinary Status may be mentioned in the Remarks column.

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**Signature of HoD/HoS/HoC with Seal**

**Send to:**

**CDC Office, Room No.: NA - 201, Admin Block, Nalanda Classroom Complex**

**Deadline: 5:00 PM of 18<sup>th</sup> August, 2025**