



NATIONAL LAW UNIVERSITY AND JUDICIAL ACADEMY, ASSAM

(ESTABLISHED BY THE ASSAM ACT NO. XXV OF 2009)

Hajo Road, Amingaon, P.O. - Amingaon, Dist. Kamrup (Rural), Guwahati - 781031, ASSAM (INDIA)

APPLICATION FORM FOR TEACHING POSITIONS

ADVERTISEMENT PUBLISHED IN DATED.....		FORM NUMBER (FOR OFFICE USE ONLY)		PASTE YOUR RECENT PASSPORT SIZE PHOTOGRAPH HERE	
1. NAME OF THE POST APPLIED FOR					
2. DETAILS OF BANK PAYMENT					
DD NUMBER	DATE	AMOUNT	NAME OF THE BANK		DD ISSUING BRANCH'S NAME
3. PERSONAL DETAILS					
A.	NAME (IN CAPITAL LETTERS)	FIRST NAME		MIDDLE NAME	SURNAME
B.	DATE OF BIRTH	DAY	MONTH	YEAR	AGE AS ON DATE YEAR MONTH
C.	PLACE OF BIRTH	CITY / VILLAGE		STATE	COUNTRY
D.	FATHER'S NAME				
E.	MOTHER'S NAME				
F.	NATIONALITY				
G.	GENDER	MALE / FEMALE / OTHER:			
H.	COMMUNITY / CATEGORY (TICK WHICHEVER IS APPLICABLE)	GEN / SC / ST / OBC / PC / OTHER CATEGORIES IF OTHER CATEGORY: - GIVE DETAILS _____			
I.	MARITAL STATUS	a. MARRIED / UNMARRIED b. IF MARRIED, NAME OF SPOUSE _____			
J.	IF PHYSICALLY CHALLENGED, INDICATE THE RELEVANT PARTICULARS	IF APPLICABLE, WRITE 'YES'		PERCENTAGE OF DISABILITY	
(i)	BLINDNESS OR LOW VISION				
(ii)	HEARING IMPAIRMENT				
(iii)	LOCOMOTOR DISABILITY OR CEREBRAL PALSY (INCLUDES ALL CASES OF ORTHOPEDICALLY HANDICAPPED)				

4. EDUCATIONAL QUALIFICATIONS (ATTACH ADDITIONAL PAGES, IF REQUIRED)		
CLASS 10TH / EQUIVALENT	EXAM PASSED YEAR	
	SUBJECTS STUDIES	
	MARKS (%) / CGPA	
	INSTITUTION / SCHOOL	
	BOARD / COUNCIL / UNIVERSITY	
10+2 / EQUIVALENT	EXAM PASSED YEAR	
	SUBJECTS STUDIES	
	MARKS (%) / CGPA	
	INSTITUTION (SCHOOL / COLLEGE)	
	BOARD / COUNCIL / UNIVERSITY	
BACHELOR'S DEGREE LL.B. B.A., LL.B.(Hons.) B.Sc., LL.B.(Hons.) B.Com., LL.B.(Hons.) B.A., / B.Sc. / B.Com.	EXAM PASSED YEAR	
	SUBJECTS STUDIES	
	MARKS (%) / CGPA	
	INSTITUTION (COLLEGE / UNIVERSITY)	
	UNIVERSITY	

MASTER'S DEGREE (LL.M. / M.A.)	EXAM PASSED YEAR			
	SUBJECTS STUDIES			
	AREA OF SPECIALIZATION			
	MARKS (%) / CGPA			
	INSTITUTION			
	UNIVERSITY			
Ph. D. / EQUIVALENT	AWARDED (YES/NO) OR SUBMITTED			
	AREA OF SPECIALIZATION			
	TOPIC			
	UNIVERSITY			
JRF / NET / SLET FOR LECTURESHIP, IF ANY	YEAR OF AWARD			
	SUBJECT	ROLL NO	YEAR	POSITION
ANY OTHER EXAMS PASSED				

5. WORK EXPERIENCE (INCLUDING CURRENT POSITION / EMPLOYMENT)						
SL. NO.	DESIGNATION AND SCALE OF PAY	NAME AND ADDRESS OF EMPLOYER(S)	DATE OF JOINING	DATE OF LEAVING	LENGTH OF SERVICE	NATURE OF WORKS / DUTIES
I						
II						
III						
IV						
V						
ADDITIONAL REMARKS ABOUT EXPERIENCES, IF ANY						

A) TEACHING	DURATION	SUBJECT(S)
I) UNDER-GRADUATE LEVEL		
II) GRADUATION LEVEL		
III) POST-GRADUATE LEVEL		
B) POST-DOCTORAL: TEACHING / RESEARCH		
C) OTHER EXPERIENCE, IF ANY		

6. ACADEMIC DISTINCTIONS	
NAME OF THE ACADEMIC COURSE / BODY	ACADEMIC DISTINCTION OBTAINED

7. PUBLICATIONS, IF ANY (MENTION HERE ONLY NUMBERS OF THE DETAILS)						
PUBLICATIONS		PUBLISHED (NO.)	ACCEPTED / IN PRINT (NO.)	SELF ASSESSMENT API SCORE	VERIFIED API SCORE	
BOOKS						
RESEARCH PUBLICATIONS						
RESEARCH PUBLICATIONS (JOURNALS)	NATIONAL					
	INTERNATIONAL					
MONOGRAPHS						
OTHER PUBLICATIONS						
8. SEMINARS / CONFERENCES / WORKSHOPS / TRAINING PROGRAMMES, ATTENDED / ORGANIZED ETC. (ATTACH ADDITIONAL PAGES OR C.V., IF REQUIRED)						
		IN INDIA (NO.)	ABROAD (NO.)	TOTAL (NO.)	SELF ASSESSMENT API SCORE	VERIFIED API SCORE
(I)						
(II)						

(III)						
(IV)						
(V)						
(VI)						
(VII)						

9. RESEARCH GUIDANCE (NO. OF STUDENTS GUIDED)	LL.M. / M.PHIL. / EQUIVALENT (NO.)	PH.D. / LL.D. (NO.)	SELF ASSESSMENT API SCORE	VERIFIED API SCORE

10. REFERENCES (ACADEMIC / PROFESSIONAL) (THREE) (WITH COMPLETE ADDRESS FOR COMMUNICATION)	
REFEREE - 1	
NAME	
DESIGNATION	
ADDRESS	
EMAIL	
PHONE (LANDLINE) WITH STD CODE	
MOBILE NO:	
FAX	
EMAIL	
REFEREE - 2	
NAME	
DESIGNATION	
ADDRESS	
EMAIL	
PHONE (LANDLINE) WITH STD CODE	
MOBILE NO.	
FAX	
EMAIL	
REFEREE - 3	
NAME	
DESIGNATION	
ADDRESS	
EMAIL	
PHONE (LANDLINE) WITH STD CODE	
MOBILE NO.	
FAX	
EMAIL	

**11. ADMINISTRATIVE / MANAGEMENT AND OTHER RELATED EXPERIENCE:
(ATTACH ADDITIONAL PAGES OR C.V., IF REQUIRED)**

12. MENTION ANY PROFESSIONAL RESPONSIBILITIES YOU MAY HAVE TAKEN (E.G. EDITORIAL / CONFERENCE ORGANIZER ETC.): (ATTACH ADDITIONAL PAGES OR C.V., IF REQUIRED)

13. HONOURS AND AWARDS (PLEASE PROVIDE DETAILS)

**14. MEMBERSHIP / FELLOWSHIP OF LEARNED BODIES / SOCIETIES
(PLEASE PROVIDE DETAILS)**

15. ANY OTHER INFORMATION / QUALIFICATION RELEVANT TO THE POST APPLIED FOR

16. CANDIDATE'S NAME AND ADDRESS FOR CORRESPONDENCE			
NAME			
COMPLETE ADDRESS WITH PIN CODE	MAILING ADDRESS	PERMANENT ADDRESS	
E-MAIL	PHONE NO. (LANDLINE WITH STD CODE)	MOBILE NO.	FAX NO.

17. LIST OF SELF ATTESTED TESTIMONIALS ATTACHED (ORIGINAL TO BE PRODUCED AT THE TIME OF INTERVIEW). PLEASE TICK (✓) THE ONES APPLICABLE
--

- (a) MATRICULATION MARKSHEET / CERTIFICATE
- (b) INTERMEDIATE MARKSHEET / CERTIFICATE
- (c) B.A. / B.SC. / B.COM. (FINAL) MARKSHEET / DEGREE
- (d) M.A. / M.SC. / M.COM. / M.B.A. (FINAL) MARKSHEET / DEGREE
- (e) B.A., LL.B.(HONS.) / B.SC., LL.B.(HONS.) / B.COM., LL.B.(HONS.) (FINAL) MARKSHEET / DEGREE
- (f) LL.M. / M.L. MARKSHEET / DEGREE
- (g) M.PHIL. DEGREE
- (h) PH.D. / D.PHIL DEGREE
- (i) D.LITT, D.SC., LL.D. DEGREE
- (j) SLET / NET, UGC-JRF, CSIR-JRF AWARD CERTIFICATE
- (k) CASTE CERTIFICATE ISSUED BY THE COMPETENT AUTHORITY (OBC / SC / ST / ETC.)
- (l) EXPERIENCE CERTIFICATE
- (m) RECOMMENDATION LETTER(S)
- (n) AWARD(S) / FELLOWSHIP(S)
- (o) PUBLICATION(S)

TOTAL NUMBER OF ABOVE SELF ATTESTED TESTIMONIALS ATTACHED _____
(IN WORDS) _____

N.B. APPLICATIONS WITHOUT THE ABOVE SELF ATTESTED TESTIMONIALS (APPLICABLE TO THE CANDIDATE) WILL NOT BE ENTERTAINED.

18. DECLARATION

I, _____ SON / DAUGHTER OF _____
HEREBY DECLARE THAT ALL THE STATEMENTS AND ENTRIES MADE IN THIS APPLICATION ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. IN THE EVENT OF ANY INFORMATION BEING FOUND FALSE OR INCORRECT OR INELIGIBILITY BEING DETECTED BEFORE OR AFTER THE SELECTION COMMITTEE, MY CANDIDATURE / APPOINTMENT MAY BE CANCELLED BY THE UNIVERSITY AND I WILL HAVE NO CLAIM AGAINST THE DECISION OF THE UNIVERSITY.

SIGNATURE OF THE APPLICANT

*NAME AS SIGNED (IN BLOCK LETTER)

*APPLICATION NOT SIGNED BY THE CANDIDATE LIABLE TO BE REJECTED

19. ENDORSEMENT BY THE EMPLOYER (WORKING CANDIDATES ONLY)

THE ENDORSEMENT BELOW IS TO BE SIGNED AND FORWARDED BY THE HEAD OF THE DEPARTMENT / EMPLOYER OF THE ORGANIZATION / INSTITUTION IN THE CASE OF THE IN-SERVICE CANDIDATE WHETHER IN PERMANENT / CONTACT OR TEMPORARY CAPACITY.

FORWARDED TO THE NATIONAL LAW UNIVERSITY AND JUDICIAL ACADEMY, ASSAM, HAJO ROAD, AMINGAON, P.O. - AMINGAON, DIST. KAMRUP (RURAL), GUWAHATI - 781031, ASSAM (INDIA)

THE APPLICANT DR./MR./MRS./MS. _____, WHO HAS SUBMITTED THIS APPLICATION FOR THE POST OF _____ IN THE NATIONAL LAW UNIVERSITY AND JUDICIAL ACADEMY, ASSAM HAS BEEN WORKING IN THIS ORGANIZATION NAMEDLY _____ IN THE POST OF _____ IN A TEMPORARY / CONTRACT / PERMANENT CAPACITY WITH EFFECT FROM _____ IN THE SCALE OF PAY / CONSOLIDATED MONTHLY PAY OF ` _____.

HE/SHE IS DRAWING A BASIC PAY OF ` _____. HIS / HER NEXT INCREMENT IS DUE ON _____.

FURTHER, IT IS CERTIFIED THAT NO DISCIPLINARY / VIGILANCE CASE HAS EVER BEEN HELD OR CONTEMPLATED OR IS PENDING AGAINST THE SAID APPLICANT. THERE IS NO OBJECTION FOR HIS/HER APPLICATION BEING CONSIDERED BY THE NATIONAL LAW UNIVERSITY AND JUDICIAL ACADEMY, ASSAM.

(SIGNATURE OF THE FORWARDING OFFICER)

NAME: _____

DESIGNATION: _____

PLACE: _____

DATE: _____

SEAL