

NATIONAL LAW UNIVERSITY AND JUDICIAL ACADEMY, ASSAM

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

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

APPLICATION FORM FOR GUEST FACULTY MEMBERS (CONTRACTUAL)										
ADVERTISEMENT PUBLISHED IN DATED					•••••		FORM NUMBER (FOR OFFICE USE ONLY)		PASTE YOUR RECENT PASSPORT SIZE PHOTOGRAPH HERE	
1. N	AME OF THE POS	ST APPL	IED FC	OR						
2. P	ERSONAL DETAI	LS		1						
			FIRST NAME			ИE	MIDDLE NAME		SURNAME	
A.	A. NAME (IN CAPITAL LETTERS)									
B.	DATE OF BIRTH		DAY	MON	TH	YEAR	EAR AGE AS ON DATE		YEAR	MONTH
C.	PLACE OF BIRTH		CITY / VILLAC		AGE	STATE		COUNTRY		
D.	. FATHER'S NAME									
E.										
F.										
G. GENDER			MALE / FEMALE / OTHER:							
3. E	DUCATIONAL QU	JALIFIC.	ATION	S (AT	TAC	CH ADI	DITIONAL PAG	ES,	IF REQ	U IRED)
		EXAM PASSED YEAR								
CLASS 10 TH / EQUIVALENT		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	
	EXAM PASSED YEAR	
BACHELOR'S DEGREE LL.B.	SUBJECTS STUDIES	
B.A., LL.B.(Hons.) B.Sc., LL.B.(Hons.)	MARKS (%) / CGPA	
B.Com., LL.B.(Hons.) B.A., / B.Sc. / B.Com.	INSTITUTION (COLLEGE / UNIVERSITY)	
	UNIVERSITY	
	EXAM PASSED YEAR	
	SUBJECTS STUDIES	
MASTER'S DEGREE	AREA OF SPECIALIZATION	
(LL.M. / M.A.)	MARKS (%) / CGPA	
	INSTITUTION	
	UNIVERSITY	
	AWARDED (YES/NO) OR SUBMITTED	
Ph. D. /	AREA OF SPECIALIZATION	
EQUIVALENT	TOPIC	
	UNIVERSITY	
	YEAR OF AWARD	

		SUBJECT	ROLL	NO	YEAR	POSITION		
JRF / NET / SLET FOR								
	RESHIP,							
IF ANY								
ANY O								
EXAMS	S PASSED							
4 WOD	K EVDEDIENC	CE (INCLUDING	CHDDENT DO	SITION	FMDI OVME	'NT'		
SL.	DESIGNATIO	N NAME AND	DATE	DATE O	LENGTH	NATURE OF		
NO.	AND SCALE OF PA	ADDRESS OF EMPLOYER(LEAVIN	() H	WORKS / DUTIES		
ADDIT!	IONAL RKS ABOUT							
EXPER	IENCES,							
IF ANY			DIDA	TION	CI	DIECT(S)		
A) TEA	CHING		DUKA	ATION	St	SUBJECT(S)		
I) UNDI	ER-GRADUATE	LEVEL						
II) GRAI	DUATION LEVE	EL						
III) POS	Γ-GRADUATE I	LEVEL						

C) OTHER EXPERIENCE, IF ANY								
5. ACADEMIC DISTINCTIONS								
NAME OF THE ACADEMIC COURSE / BODY ACADEMIC DISTINCTION OBTAINED							BTAINED	
6. PUBLICA	TIONS	S, IF A	NY (MEN	NTIO	N HERE C	NLY NUMBE	RS OF THE DET	CAILS)
PUBLICATIONS				PUBLISHED (NO.)		ACCEPTED / IN PRINT (NO.)	SELF ASSESSMENT API SCORE	VERIFIED API SCORE
BOOKS								
RESEARCH PUBLICATI								
RESEARCH	ICATIONS	NATIONAL						
(JOURNALS		INTERNATIONAL						
MONOGRAPHS								
OTHER PU	BLICA	TIONS						
							PROGRAMMES, . V., IF REQUIREI	
IN IN		IN IND	DIA ABROAD			SELF ASSESSMENT API SCORE	VERIFIED API SCORE	

8. MEMBERSHIP / FELLOWSHIP OF LEARNED BODIES / SOCIETIES (PLEASE PROVIDE DETAILS)								
9. ANY OTHER INFORMATION / QUALIFICATION RELEVANT TO THE POST APPLIED FOR								
10. CANDIDATE'S NAME AND ADDRESS FOR CORRESPONDENCE								
NAME								
COMPLETE ADDRESS WITH PIN CODE	MAILING ADDRESS	5	PERMANENT ADDRESS					
E-MAIL	PHONE NO. (LANDLINE WITH STD CODE)	MOBILE NO	D. FAX NO.					

11. LIST OF SELF ATTESTED TESTIMONIALS ATTACHED (ORIGINAL TO BE PRODUCED AT THE TIME OF INTERVIEW). PLEASE TICK ($\sqrt{}$) THE ONES APPLICABLE

- a) MATRICULATION MARKSHEET / INTERMEDIATE MARKSHEET / CERTIFICATE
- b) B.A. / B.SC. / B.COM. (FINAL) MARKSHEET / M.A. / M.SC. / M.COM. / M.B.A. (FINAL) MARKSHEET / DEGREE CERTIFICATE
- c) B.A., LL.B.(HONS.) / B.SC., LL.B.(HONS.) / B.COM., LL.B.(HONS.) (FINAL) MARKSHEET / DEGREE
- d) LL.M. / M.L. MARKSHEET / DEGREE /
- e) M.PHIL. DEGREE / PH.D. / D.PHIL DEGREE / D.LITT, D.SC., LL.D. DEGREE
- f) SLET / NET, UGC-JRF, CSIR-JRF AWARD CERTIFICATE
- g) EXPERIENCE CERTIFICATE
- h) AWARD(S) / FELLOWSHIP(S)/ PUBLICATION(S)

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

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