NATIONAL LAW UNIVERSITY AND JUDICIAL ACADEMY, ASSAM

(ESTABLISHED BY ASSAM ACT NO. XXV OF 2009)

Hajo Road, Amingaon,

GUWAHATI - 781 031, ASSAM (INDIA)

APPLICATION FORM FOR NON-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.	**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(P) / ST(H) / OBC / MOBC / PC / WOMEN / EX-SERVICEMAN / OTHER CATEGORIES IF OTHER CATEGORY:- GIVE DETAILS _____ (ATTACH RELEVANT CERTIFICATES AS PROOF)						
I.	MARITAL STATUS	a. MARRIED / UNMARRIED b. IF MARRIED, NAME OF SPOUSE _____						

J.	IF SPECIALLY ABLED, 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 ORTHOPAEDICALLY HANDICAPPED)		

3. EDUCATIONAL QUALIFICATIONS (ATTACH ADDITIONAL PAGES, IF REQUIRED)								
	NAME OF THE COURSE	NAME OF THE BOARD / UNIVERSITY	MONTH & YEAR PASSED	DIVISION	% OF MARKS	CGPA (IF GRADING IS APPLICABLE)	SUBJECTS STUDIED	S.NO. OF PROOF ENCLOSED
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
10TH CLASS/ EQUIVALENT								
10 + 2 / EQUIVALENT								
BACHELOR'S DEGREE								
MASTER'S DEGREE								
OTHERS								

4. CHRONOLOGICAL LIST OF EXPERIENCE (INCLUDING CURRENT POSITION/ EMPLOYMENT)						
DESIGNATION AND SCALE OF PAY	NAME AND ADDRESS OF EMPLOYERS	PERIOD OF EXPERIENCE			NATURE OF WORK/DUTIES	S.NO. OF PROOF ENCLOSED
		FROM DATE	TO DATE	NO. OF YEARS /MONTHS (AS ON DATE OF ADVERTISEMENT)		
(A)	(B)	(C)	(D)	(E)	(F)	(G)

5. PRESENT POSITION (IF ANY)					
DESIGNATION	NAME OF THE ORGANIZATION	BASIC PAY (`)	PAY SCALE (`)	GROSS PAY / TOTAL SALARY P.M. (`)	REMARKS

6. 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.**

7. LIST OF SELF ATTESTED TESTIMONIALS ATTACHED (ORIGINAL TO BE PRODUCED AT THE TIME OF INTERVIEW). PLEASE TICK (√) THE RELEVANT ONES APPLICABLE

(a) MATRICULATION MARKSHEET / CERTIFICATE

(b) INTERMEDIATE MARKSHEET / CERTIFICATE

(c) B.A. / B.SC. / B.COM. (FINAL) /BPT/ MBBS MARKSHEET / DEGREE

(d) M.A. / M.SC. / M.COM. / M.B.A. (FINAL) /MPT MARKSHEET / DEGREE

(f) EXPERIENCE CERTIFICATE

(g) TECHNICAL / PROFESSIONAL EDUCATION CERTIFICATE

(h) OTHERS

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.

8. 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.

SIGNATURE OF THE APPLICANT

_____

*NAME AS SIGNED (IN BLOCK LETTER

*APPLICATION NOT SIGNED BY THE CANDIDATE LIABLE TO THE REJECTED