NATIONAL LAW UNIVERSITY AND JUDICIAL ACADEMY, ASSAM

(ESTABLISHED BY THE ASSAM ACT NO. XXV OF 2009) NEJOTI BUILDING, BHOLANATH MANDIR PATH, ULUBARI GUWAHATI - 781 007, ASSAM (INDIA)

APPLICATION FORM FOR TEACHING POSITIONS										
ADVERTISEMENT PUBLISHED IN					••	FORM NUMBER (FOR OFFICE USE ONLY)		PASTE YOUR RECENT PASSPORT SIZE PHOTOGRAPH		
DA	ГЕ D	•••••				•••••	•••••		HE	RE
1. N	AME OF THE	E POST APPL	JED FO	DR		I				
2. D	ETAILS OF B	ANK PAYMI	ENT							
DI	D NUMBER	DATE	AMO	UNT	NA	ME O	F THE BANK	В	DD ISS RANCH'	UING S NAME
3. P	ERSONAL DE	ETAILS	1				1		r	
A.	NAME (IN CAPITAI	LETTERS)	I	FIRST NA	ME	, ,	MIDDLE NAM	1E	SUR	NAME
			DAY	MONTH	Y	EAR	AGE AS ON		YEAR	MONTH
В.	DATE OF BI	RTH			DATE		DATE			
C.	PLACE OF B	IRTH	Cľ	TY / VILL	AC	ЪЕ	STATE		COUNTRY	
D.	FATHER'S N	JAME								
E.	MOTHER'S	NAME								
F.	NATIONALI	TY								
G.	GENDER		MAL	E / FEMAI	LE /	OTH	ER:			
Н.	COMMUNIT CATEGORY WHICHEVE APPLICABL	(TICK R IS	GEN / SC / ST / OBC / PC / OTHER CATEGORIES IF OTHER CATEGORY: - GIVE DETAILS							
I.	a. MARRIED / U					RRIED E OF SPOUSE _				
J.	J. IF PHYSICALLY CHALLENGED, INDICATE THE RELEVANT PARTICULARS			Е		APPLICABLE, /RITE 'YES'	I	PERCENT DISAB	TAGE OF	
(i)	BLINDNESS (vv	NIL ILO		DISAD	
	HEARING IM									
· ·	LOCOMOTO		YORCI	EREBRAI	,					
` ´	PALSY (INCLU									
	ORTHOPEDICALLY HANDICAPPED)									

4. EDUCATIONAL QU	ALIFICATIONS (ATT	TACH ADDITIONAL PAGES, IF REQUIRED)
	EXAM PASSED	
	YEAR	
	SUBJECTS	
	STUDIES	
CLASS 10 TH /		
EQUIVALENT		
	MARKS (%) / CGPA	
	INSTITUTION /	
	SCHOOL	
	BOARD / COUNCIL	
	/ UNIVERSITY	
	EXAM PASSED	
	YEAR	
	SUBJECTS	
	STUDIES	
10+2 /		
EQUIVALENT	MARKS (%) / CGPA	
	INSTITUTION	
	(SCHOOL /	
	COLLEGE)	
	BOARD / COUNCIL	
	/ UNIVERSITY	
	EXAM PASSED	
	YEAR	
BACHELOR'S	SUBJECTS	
DEGREE	STUDIES	
	STUDIES	
LL.B.		
B.A., LL.B.(Hons.)	MADER (0/) / CODA	
B.Sc., LL.B.(Hons.)	MARKS (%) / CGPA	
B.Com., LL.B.(Hons.)	INSTITUTION	
B.A., / B.Sc. / B.Com.	(COLLEGE /	
	UNIVERSITY)	
	UNIVERSITY	

	EXAM PASSED YEAR			
	SUBJECTS STUDIES			
MASTER'S DEGREE (LL.M. / M.A.)	AREA OF SPECIALIZATION			
	MARKS (%) / CGPA			
	INSTITUTION			
	UNIVERSITY			
	AWARDED (YES/NO) OR SUBMITTED			
	AREA OF SPECIALIZATION			
P.HD. / EQUIVALENT	TOPIC			
	UNIVERSITY			
	YEAR OF AWARD			
	SUBJECT	ROLL NO	YEAR	POSITION
JRF / NET / SLET FOR LECTURESHIP,				
IF ANY				
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							
Π							
III							
IV							
V							
	RKS ABOUT IENCES,		1	1		1	

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				BLISHED (NO.)	ACCEPTED / IN PRINT (NO.)	SELF ASSESSMENT API SCORE	VERIFIED API SCORE
BOOKS							
RESEARCH PUBLICATION	1S						
RESEARCH PUBLICATION	JS NATIO	NAL					
(JOURNALS)		NATIONAL					
MONOGRAPH	S						
OTHER PUBLI	CATION	S					
8. SEMINARS / CONFERENCES / WORKSHOPS / TRAINING PROGRAMMES, ATTENDED / ORGANIZED ETC. (ATTACH ADDITIONAL PAGES OR C.V., IF REQUIRED)							
		ATTACH	ADD		PAGES OR C.	V., IF REQUIREI))
		ATTACH IN INI (NO.	DIA			SELF ASSESSMENT	VERIFIED API
		IN INI	DIA	ITIONAL I ABROAI) TOTAL	SELF	VERIFIED

(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

	ROFESSIONAL) (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					
	MAILING ADDRES	SS	PERM	ANENT ADDRESS	
COMPLETE ADDRESS WITH PIN CODE					
E-MAIL	PHONE NO. (LANDLINE WITH STD CODE)	MOBI	LE NO.	FAX NO.	

17. LIST OF SELF ATTESTED TESTIMONIALS ATTACHED (ORIGINAL TO BE PRODUCED AT THE TIME OF INTERVIEW). PLEASE TICK ($\sqrt{}$) 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.)
- (I) EXPERIENCE CERTIFICATE
- (m) RECOMMENDATION LETTER(S)
- $(n) \quad AWARD(S) \, / \, FELLOWSHIP(S)$
- (o) PUBLICATION(S)

TOTAL NUMBER OF ABOVE SELF ATTESTED TESTIMONIALS ATTACHED __________

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, NEJOTI BUILDING, BHOLANATH MANDIR PATH, B.K. KAKATI ROAD, ULUBARI, GUWAHATI - 781 007, 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 NAMELY

_____ IN A TEMPORARY / CONTRACT / IN THE POST OF 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.

NAME: _____

PLACE: _____

DESIGNATION:

SEAL

DATE: _____