



# NATIONAL LAW UNIVERSITY AND JUDICIAL ACADEMY, ASSAM

(ESTABLISHED BY ASSAM ACT NO. XXV OF 2009)

HAJO ROAD, AMINGAON, KAMRUP

GUWAHATI - 781 031, ASSAM (INDIA)

**Advertisement No. NLUJAA/RO/R/Non-Teaching/6610**

| APPLICATION FORM                       |  |  |       |   |                |  |       |
|--|--|--|-------|---|----------------|--|-------|
| <b>ADVERTISEMENT PUBLISHED IN:</b>     |  |  |       | <b>FORM NUMBER</b><br>(FOR OFFICE USE ONLY) |                | <b>PASTE YOUR RECENT PASSPORT SIZE PHOTOGRAPH HERE</b> |       |
| <b>DATED:</b>                          |  |  |       | .....                                       |                |  |       |
| <b>1. NAME OF THE POST APPLIED FOR</b> |  |  |       |   |                |  |       |
| <b>2. PERSONAL DETAILS</b>             |  |  |       |   |                |  |       |
| A.                                     | NAME<br>(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<br>(TICK WHICHEVER IS APPLICABLE)                                       | GEN / SC / ST(P) / ST(H) / OBC / MOBC / PC / WOMEN / EX-SERVICEMAN / OTHER CATEGORIES<br>IF OTHER CATEGORY:- GIVE DETAILS _____<br>(ATTACH RELEVANT CERTIFICATES AS PROOF) |       |   |                |  |       |
| I.                                     | MARITAL STATUS   | a. MARRIED / UNMARRIED<br>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  | N/A  |       |   |                |  |       |
| (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)                     |
| 10 <sup>TH</sup> CLASS/ EQUIVALENT                                   |                    |                                |                     |          |            |                                 |                  |                         |
| 10 + 2 / EQUIVALENT  |                    |                                |                     |          |            |                                 |                  |                         |
| BACHELOR'S DEGREE  |                    |                                |                     |          |            |                                 |                  |                         |
| P.G. DIPLOMA   |                    |                                |                     |          |            |                                 |                  |                         |
| MASTER'S DEGREE  |                    |                                |                     |          |            |                                 |                  |                         |
| OTHERS<br>(PROFESSIONAL COURSE)                                      |                    |                                |                     |          |            |                                 |                  |                         |
| Certificate in Type Writing  |                    |                                |                     |          |            |                                 |                  |                         |
| Diploma in Computer Application                                      |                    |                                |                     |          |            |                                 |                  |                         |

| 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 (Rs.) | PAY SCALE (Rs.) | GROSS PAY / TOTAL SALARY P.M. (₹) | REMARKS |
|                              |                          |                 |                 |                                   |         |

| 6. CANDIDATE'S NAME AND ADDRESS FOR CORRESPONDENCE |  |                          |                |
|--|--|--------------------------|----------------|
| <b>NAME</b>  |  |                          |                |
| <b>COMPLETE ADDRESS WITH PIN CODE</b>              | <b>MAILING ADDRESS</b>                       | <b>PERMANENT ADDRESS</b> |                |
|  |  |                          |                |
| <b>E-MAIL</b>                                      | <b>PHONE NO.</b><br>(LANDLINE WITH STD CODE) | <b>MOBILE NO.</b>        | <b>FAX NO.</b> |
|  |  |                          |                |

**8. 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) MARKSHEET / CERTIFICATE
- (d) EXPERIENCE CERTIFICATE
- (g) CERTIFICATE OF COMPUTER APPLICATION

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

\_\_\_\_\_

| 9. DECLARATION  |
|---|
| <p>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.</p> <p style="text-align: right;">SIGNATURE OF THE APPLICANT<br/>*NAME AS SIGNED (IN BLOCK LETTER)</p> <p>*APPLICATION NOT SIGNED BY THE CANDIDATE LIABLE TO THE REJECTED</p> |