



# NATIONAL LAW UNIVERSITY AND JUDICIAL ACADEMY, ASSAM

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

HAJO ROAD, AMINGAON,

GUWAHATI - 781 031, ASSAM (INDIA)

## APPLICATION FORM FOR RESEARCH ASSOCIATE

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

**3. EDUCATIONAL QUALIFICATIONS (ATTACH ADDITIONAL PAGES, IF REQUIRED)**

<b>CLASS 10<sup>TH</sup> / EQUIVALENT</b>	EXAM PASSED YEAR	
	SUBJECTS STUDIES	
	MARKS (%) / CGPA	
	INSTITUTION / SCHOOL	
	BOARD / COUNCIL / UNIVERSITY	
<b>10+2 / EQUIVALENT</b>	EXAM PASSED YEAR	
	SUBJECTS STUDIES	
	MARKS (%) / CGPA	
	INSTITUTION (SCHOOL / COLLEGE )	
	BOARD / COUNCIL / UNIVERSITY	
<b>BACHELOR'S DEGREE</b>	EXAM PASSED YEAR	
	SUBJECTS STUDIES	
	MARKS (%) / CGPA	
	INSTITUTION (COLLEGE / UNIVERSITY)	
	UNIVERSITY	

<b>MASTER DEGREE</b>	EXAM PASSED YEAR					
	SUBJECTS STUDIES					
	AREA OF SPECIALIZATION					
	MARKS (%) / CGPA					
	INSTITUTION					
	UNIVERSITY					
<b>ANY OTHER EXAMS PASSED</b>						

**4. 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						

<b>IV</b>						
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<b>5. PUBLICATIONS, IF ANY (MENTION HERE ONLY NUMBERS OF THE DETAILS)</b>						
<b>PUBLICATIONS</b>		<b>PUBLISHED (NO.)</b>	<b>ACCEPTED / IN PRINT (NO.)</b>	<b>SELF ASSESSMENT API SCORE</b>	<b>VERIFIED API SCORE</b>	
<b>BOOKS</b>						
<b>RESEARCH PUBLICATIONS</b>						
<b>RESEARCH PUBLICATIONS (JOURNALS)</b>	<b>NATIONAL</b>					
	<b>INTERNATIONAL</b>					
<b>MONOGRAPHS</b>						
<b>OTHER PUBLICATIONS</b>						
<b>6. SEMINARS / CONFERENCES / WORKSHOPS / TRAINING PROGRAMMES, ATTENDED / ORGANIZED ETC. (ATTACH ADDITIONAL PAGES OR C.V., IF REQUIRED)</b>						
		<b>IN INDIA (NO.)</b>	<b>ABROAD (NO.)</b>	<b>TOTAL (NO.)</b>	<b>SELF ASSESSMENT API SCORE</b>	<b>VERIFIED API SCORE</b>

**7. REFERENCES (ACADEMIC / PROFESSIONAL) (THREE) (WITH COMPLETE ADDRESS FOR COMMUNICATION)**

<b>REFEREE - 1</b>	
<b>NAME:</b>	
<b>DESIGNATION:</b>	
<b>ADDRESS:</b>	
<b>EMAIL:</b>	
<b>PHONE (LANDLINE) WITH STD CODE:</b>	
<b>MOBILE NO:</b>	
<b>FAX:</b>	
<b>EMAIL:</b>	
<b>REFEREE - 2</b>	
<b>NAME:</b>	
<b>DESIGNATION:</b>	
<b>ADDRESS:</b>	
<b>EMAIL:</b>	
<b>PHONE (LANDLINE) WITH STD CODE:</b>	
<b>MOBILE NO:</b>	
<b>FAX:</b>	
<b>EMAIL:</b>	
<b>REFEREE - 3</b>	
<b>NAME:</b>	
<b>DESIGNATION:</b>	
<b>ADDRESS:</b>	
<b>EMAIL:</b>	
<b>PHONE (LANDLINE) WITH STD CODE:</b>	
<b>MOBILE NO:</b>	
<b>FAX:</b>	
<b>EMAIL:</b>	

**8. ADMINISTRATIVE / MANAGEMENT AND OTHER RELATED EXPERIENCE:**

**9. MENTION ANY PROFESSIONAL RESPONSIBILITIES YOU MAY HAVE TAKEN (E.G. EDITORIAL / CONFERENCE ORGANIZER ETC.)**

**10. HONOURS AND AWARDS (PLEASE PROVIDE DETAILS):**

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

**12. ANY OTHER INFORMATION / QUALIFICATION RELEVANT TO THE POST APPLIED FOR:**

**13. 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>	<b>MOBILE NO.</b>	<b>FAX NO.</b>

	(LANDLINE WITH STD CODE)		

**14. 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. /MSW/ 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.

**15. 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