



ANNEXURE-II

Form no....

NATIONAL LAW UNIVERSITY AND JUDICIAL ACADEMY, ASSAM*Application form for Admission to Ph..D Programme***(To be filled in by the candidate)
Session..... 20**Fix a signed
Passport
size
Photograph

Draft No _____ Date _____ for Rs _____ Drawn at _____

Department/Centre to which Ph.D. admission is sought: _____

1. Name of candidate (in block letter) :
2. Father's name/Husband's name:
3. Permanent address (in full) :
4. Postal address (for communication):
5. Date of birth :
6. Nationality :
7. Whether belongs to SC/ST/OBC (NCL)/PWD:
8. Gender (Please tick ☐) : Male / Female
9. Educational qualification HSLC onwards (submit attested copies of all testimonials):

| Name of Examination | Year | School/College Board/University | % of marks/ Grade points | Div./ Class | Subject/ Specialization |
|---------------------|------|---------------------------------|--------------------------|-------------|-------------------------|
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10. Teaching/ Research experience:
(Mention level of teaching-UG/PG/College/Institute/ Courses taught/ Area of research)
11. Tick the category of candidature sought:
Full time: ☐ Sponsored: ☐ Project: ☐
12. Seminar/workshop/conference attended after post graduation: (Separate list must be enclosed)

13. If employed, details of employment:

| Organisation | Duration | Position: Regular/temp | Nature of duties |
|--------------|----------|---------------------------|------------------|
| | | | |
| | | | |

14. If employed, whether leave will be granted/ already granted: (No objection certificate from the employer to be enclosed)

15. Specialized training (if any):

16. Scholarship/fellowship awarded for research (if any):

17. Qualified for NET/SLET with year (Enclose Certificate):

18. List of publications (if any):

19. Whether hostel accommodations required or not:

20. Extra curricular activities(Attach certificate):

Declaration

I certify that the information given above are correct/true to the best of my knowledge. If anything is proved to be wrong my admission may be cancelled. If admitted I shall abide by the University rules and regulations

Date:

Place:

Email:

Contact No.:

Signature of the candidate

For Office Use Only

1. Verified by: Name _____ Signature _____

Designation _____

Date: _____

2. Recommended/Not Recommended :

Chairperson, Selection Committee

Date: