** NATIONAL LAW UNIVERSITY AND JUDICIAL ACADEMY, ASSAM**

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

**HAJO ROAD, AMINGAON,**

**GUWAHATI - 781 031, ASSAM (INDIA)**

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| **APPLICATION FORM FOR RESEARCH ASSOCIATE** | | | | | | | | | |
| **Advertisement Published in:**  **Dated:** | | | | **Form Number**  (For Office Use Only) | | | **Passport Size**  **Photograph** | | |
| **Personal Details** | | | | | | | | | |
| A. | Name (In Capital) | **First Name** | | | | **Middle Name** | | **Surname** | |
|  | | | |  | |  | |
| B. | Date of Birth | Day | Month | | Year | Date as on 01/01/2019 | | Year | Month |
|  |  | |  |  |  |
| C. | Father’s Name |  | | | | | | | |
| D. | Mother’s Name |  | | | | | | | |
| E. | Nationality |  | | | | | | | |
| F. | Gender | Male / Female / Other: | | | | | | | |
| G. | Community / Category | Gen / SC / ST / OBC/ Other Categories  If Other Category (details) : | | | | | | | |
| H. | Marital Status | 1. Married / Unmarried 2. If Married, Name of Spouse: | | | | | | | |
| I. | If Physically Challenged, Indicate The Relevant Particulars | | | If Applicable, Yes | | | Percentage Of  Disability | | |
| (i) Blindness or Low Vision | | | |  | | |  | | |
| (ii) Hearing Impairment | | | |  | | |  | | |
| (iii) Locomotor Disability or Cerebral Palsy (Includes All Cases of Orthopedically Handicapped) | | | |  | | |  | | |

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| **EDUCATIONAL QUALIFICATIONS (ATTACH ADDITIONAL PAGES, IF REQUIRED)** | | |
| **CLASS 10TH / EQUIVALENT** | Exam Passed Year |  |
| Subjects Studied |  |
| Marks (%) / CGPA |  |
| Institution / School |  |
| Board / Council / University |  |
| **10+2 /**  **EQUIVALENT** | Exam Passed Year |  |
| Subjects Studied |  |
| Marks (%) / CGPA |  |
| Institution / School |  |
| Board / Council / University |  |
| **BACHELOR’S**  **DEGREE** | Bachelor Degree |  |
| Exam Passed Year |  |
| Subjects Studied |  |
| Marks (%) / CGPA |  |
| Institution: (College / University) |  |
| University |  |
| **MASTER’S**  **DEGREE** | Master’s Degree |  |
| Exam Passed Year |  |
| Subjects Studied |  |
| Area Of Specialization |  |
| Marks (%) / CGPA |  |
| Institution: (College / University) |  |
| University |  |
| **M.Phil./ Ph.D. /**  **EQUIVALENT** | Awarded (Yes/No) or Submitted |  |
| Area Of Specialization |  |
| Topic |  |
| University |  |
| Year Of Award |  |

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| **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 Work / Duties**  (Please attached a half page write up separately if required, on roles, responsibilities and nature of work against each experience) |
| **I** |  |  |  |  |  |  |
| **II** |  |  |  |  |  |  |
| **III** |  |  |  |  |  |  |
| **IV** |  |  |  |  |  |  |
| **V** |  |  |  |  |  |  |
| **Additional Remarks about Experiences, if Any:** | |  | | | | |

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| **PUBLICATIONS, IF ANY (MENTION HERE ONLY NUMBERS OF THE DETAILS)** | | |
| **Books** | |  |
| **Research**  **Publications**  **(Journals)** | **National** |  |
| **International** |  |
| **Monographs** | |  |
| **Other Publications** | |  |

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| **REFERENCES** (One Academic & Two Professional) | |
| **REFEREE - 1** | |
| **Name:**  **Designation:**  **Address:** |  |
|  |
|  |
| **Email:** |  |
| **Phone (Landline)**  **with STD Code:** |  |
| **Mobile No:** |  |
| **Fax:** |  |
| **REFEREE - 2** | |
| **Name:**  **Designation:**  **Address:** |  |
|  |
|  |
| **Email:** |  |
| **Phone (Landline)**  **with STD Code:** |  |
| **Mobile No:** |  |
| **Fax:** |  |
| **REFEREE - 3** | |
| **Name:**  **Designation:**  **Address:** |  |
|  |
|  |
| **Email:** |  |
| **Phone (Landline)**  **with STD Code:** |  |
| **Mobile No:** |  |
| **Fax:** |  |
| **Email:** |  |

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| **AWARDS & ACHIEVEMENTS, IF ANY** |
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| **MEMBERSHIP IN SOCIETIES, IF ANY** |
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| **ADDRESS FOR CORRESPONDENCE** | | | |
| **Present Address** | | **Permanent Address** | |
|  | |  | |
| **E-Mail** | **Landline With STD Code** | | **Mobile No.** |
|  |  | |  |

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| **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) |