** NATIONAL LAW UNIVERSITY, ASSAM**

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

**NEJOTI BUILDING, BHOLANATH MANDIR PATH, ULUBARI**

**GUWAHATI - 781 007, ASSAM (INDIA)**

**Advertisement No. NLUJAA/PER/OFFICER/15/001**

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| **APPLICATION FORM** | | | | | | | | | | | | | | | |
| **ADVERTISEMENT PUBLISHED IN ………….…………………………………………….**  **DATED……………………..** | | | | | | | | | **FORM NUMBER**  (FOR OFFICE USE ONLY)  **……………………** | | | **PASTE YOUR RECENT PASSPORT SIZE**  **PHOTOGRAPH**  **HERE** | | | |
| **1. NAME OF THE POST APPLIED FOR** | | | | | |  | | | | | | | | | |
| **2. DETAILS OF BANK PAYMENT** | | | | | | | | | | | | | | | |
| DD NUMBER | | DATE | AMOUNT | | | | NAME OF THE BANK | | | | DD ISSUING BRANCH’S NAME | | | | |
|  | |  |  | | | |  | | | |  | | | | |
| **3. PERSONAL DETAILS** | | | | | | | | | | | | | | | |
| A. | NAME  (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 (TICK WHICHEVER IS APPLICABLE) | | | GEN / SC / ST / OBC / PC / OTHER CATEGORIES  IF OTHER CATEGORY:- GIVE DETAILS  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| I. | MARITAL STATUS | | | 1. MARRIED / UNMARRIED 2. 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 | | | | | | | | |  | | | |  | | |
| (ii) HEARING IMPAIRMENT | | | | | | | | |  | | | |  | | |
| (iii) LOCOMOTOR DISABILITY OR CEREBRAL PALSY (INCLUDES ALL CASES OF ORTHOPEDICALLY HANDICAPPED) | | | | | | | | |  | | | |  | | |

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| **4. EDUCATIONAL QUALIFICATIONS (ATTACH ADDITIONAL PAGES, IF REQUIRED)** | | | | | | | | | | |
| **CLASS 10TH / EQUIVALENT** | | EXAM PASSED YEAR | | |  | | | | | |
| SUBJECTS STUDIES | | |  | | | | | |
| MARKS (%) / CGPA | | |  | | | | | |
| INSTITUTION / SCHOOL | | |  | | | | | |
| BOARD / COUNCIL / UNIVERSITY | | |  | | | | | |
| **10+2 /**  **EQUIVALENT** | | EXAM PASSED YEAR | | |  | | | | | |
| SUBJECTS STUDIES | | |  | | | | | |
| MARKS (%) / CGPA | | |  | | | | | |
| INSTITUTION  (SCHOOL / COLLEGE ) | | |  | | | | | |
| BOARD / COUNCIL / UNIVERSITY | | |  | | | | | |
| **BACHELOR’S**  **DEGREE**  **B.A. / B.SC . /**  **B.COM. / LL.B. / B.B.A.** | | EXAM PASSED YEAR | | |  | | | | | |
| SUBJECTS STUDIES | | |  | | | | | |
| MARKS (%) / CGPA | | |  | | | | | |
| INSTITUTION  (COLLEGE / UNIVERSITY) | | |  | | | | | |
| UNIVERSITY | | |  | | | | | |
| **MASTER’S**  **DEGREE**  **(M.A. / M.COM. / M.SC. / M.B.A. / LL.M.)** | | EXAM PASSED YEAR | | |  | | | | | |
| SUBJECTS STUDIES | | |  | | | | | |
| AREA OF SPECIALIZATION | | |  | | | | | |
| MARKS (%) / CGPA | | |  | | | | | |
| INSTITUTION | | |  | | | | | |
| UNIVERSITY | | |  | | | | | |
| **P.HD. /**  **EQUIVALENT** | | AWARDED (YES/NO) OR SUBMITTED | | |  | | | | | |
| AREA OF SPECIALIZATION | | |  | | | | | |
| TOPIC | | |  | | | | | |
| UNIVERSITY | | |  | | | | | |
| YEAR OF AWARD | | |  | | | | | |
| **JRF / NET / SLET**  **FOR**  **LECTURESHIP,**  **IF ANY** | | **SUBJECT** | | | **ROLL NO** | | **YEAR** | | **POSITION** | |
|  | | |  | |  | |  | |
|  | | |  | |  | |  | |
| **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** |  | |  |  | |  | |  | |  |
| **II** |  | |  |  | |  | |  | |  |
| **III** |  | |  |  | |  | |  | |  |
| **IV** |  | |  |  | |  | |  | |  |
| **V** |  | |  |  | |  | |  | |  |
| **ADDITIONAL REMARKS ABOUT EXPERIENCES,**  **IF ANY** | | |  | | | | | | | |

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| **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** |  |  |

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| **6. ACADEMIC DISTINCTIONS** | |
| **NAME OF THE ACADEMIC COURSE / BODY** | **ACADEMIC DISTINCTION OBTAINED** |
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| **7. PUBLICATIONS, IF ANY (MENTION HERE ONLY NUMBERS OF THE DETAILS)** | | | | | | | | | |
| **PUBLICATIONS** | | | | **PUBLISHED**  **(NO.)** | | **ACCEPTED / IN PRINT (NO.)** | | **SELF ASSESSMENT API SCORE** | **VERIFIED API SCORE** |
| **BOOKS** | | | |  | |  | |  |  |
| **RESEARCH**  **PUBLICATIONS** | | | |  | |  | |  |  |
| **RESEARCH**  **PUBLICATIONS**  **(JOURNALS)** | | **NATIONAL** | |  | |  | |  |  |
| **INTERNATIONAL** | |  | |  | |  |  |
| **MONOGRAPHS** | | | |  | |  | |  |  |
| **OTHER PUBLICATIONS** | | | |  | |  | |  |  |
| **8. SEMINARS / CONFERENCES / WORKSHOPS / TRAINING PROGRAMMES, ATTENDED / ORGANIZED ETC. (ATTACH ADDITIONAL PAGES OR C.V., IF REQUIRED)** | | | | | | | | | |
|  | | | **IN INDIA**  **(NO.)** | | **ABROAD**  **(NO.)** | | **TOTAL**  **(NO.)** | **SELF ASSESSMENT API SCORE** | **VERIFIED API SCORE** |
| **(I)** |  | |  | |  | |  |  |  |
| **(II)** |  | |  | |  | |  |  |  |
| **(III)** |  | |  | |  | |  |  |  |
| **(IV)** |  | |  | |  | |  |  |  |
| **(V)** |  | |  | |  | |  |  |  |
| **(VI)** |  | |  | |  | |  |  |  |
| **(VII)** |  | |  | |  | |  |  |  |

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| **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** |
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| **10. REFERENCES** (ACADEMIC / PROFESSIONAL) (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:** |  |

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| **11. ADMINISTRATIVE / MANAGEMENT AND OTHER RELATED EXPERIENCE:**  **(ATTACH ADDITIONAL PAGES OR C.V., IF REQUIRED)** |

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| **12. MENTION ANY PROFESSIONAL RESPONSIBILITIES YOU MAY HAVE TAKEN (E.G. EDITORIAL / CONFERENCE ORGANIZER ETC.): (ATTACH ADDITIONAL PAGES OR C.V., IF REQUIRED)** |

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| **13. HONOURS AND AWARDS (PLEASE PROVIDE DETAILS):** |

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| **14. MEMBERSHIP / FELLOWSHIP OF LEARNED BODIES / SOCIETIES**  **(PLEASE PROVIDE DETAILS):** |

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| **15. ANY OTHER INFORMATION / QUALIFICATION RELEVANT TO THE POST APPLIED FOR:** |

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| **16. CANDIDATE’S NAME AND ADDRESS FOR CORRESPONDENCE** | | | | |
| **NAME** |  | | | |
| **COMPLETE ADDRESS WITH PIN CODE** | **MAILING ADDRESS** | | **PERMANENT ADDRESS** | |
|  | |  | |
| **E-MAIL** | **PHONE NO.**  (LANDLINE WITH STD CODE) | **MOBILE NO.** | | **FAX NO.** |
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| **17. 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. / B.B.A. (FINAL) MARKSHEET / DEGREE

(d) M.A. / M.COM. / M.SC. / M.B.A. / LL.M. (FINAL) MARKSHEET / DEGREE

(e) M.PHIL. DEGREE

(f) PH.D. / D.PHIL DEGREE

(g) SLET / NET, UGC-JRF, CSIR-JRF AWARD CERTIFICATE

(h) CASTE CERTIFICATE ISSUED BY THE COMPETENT AUTHORITY (SC / ST / OBC / MOBC ETC.)

(i) EXPERIENCE CERTIFICATE

(j) RECOMMENDATION LETTER(S)

(k) AWARD(S) / FELLOWSHIP(S)

(l) 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.

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| **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 |

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| **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 THE POST OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IN A TEMPORARY / CONTRACT / 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.  **(SIGNATURE OF THE FORWARDING OFFICER)**  **NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **DESIGNATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **SEAL PLACE : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |