

## NATIONAL LAW UNIVERSITY AND JUDICIAL ACADEMY, ASSAM

(ESTABLISHED BY ASSAM ACT NO. XXV OF 2009) Hajo Road, Amingaon, Kamrup (R) Guwahati - 781 031, Assam (India)

## Advertisement No. NLUJAA/RO/IPR CHAIR/2020

		APPLIC	CATION I	ORA	٨				
ADVERTISEMENT PUBLISHED IN:  DATED:					FORM NUMBER (FOR OFFICE USE ONLY)		RECENT SIZE PHO	PASTE YOUR RECENT PASSPORT SIZE PHOTOGRAPH HERE	
1. N	AME OF THE POST APPLIED FO	OR .							
2. PI	ERSONAL DETAILS								
Α.	NAME	FIRST NAME		٨	MIDDLE NAME			SURNAME	
	(IN CAPITAL LETTERS)								
D.	DATE OF DIDTH	DAY	MONTH	YEA	۸R	AGE AS ON	I YEAR	MONTH	
В.	DATE OF BIRTH					DATE			
_		CITY / VILLAGE				STATE	CC	COUNTRY	
C.	PLACE OF BIRTH								
D.	FATHER'S NAME						I		
E.	MOTHER'S NAME								
F.	NATIONALITY								
G.	GENDER	MALE / FEM	ALE / OTHER	₹:					
	COMMUNITY/CATEGORY	GEN / SC / ST(P) / ST(H) / OBC / MOBC / PC / WOMEN /							
Н.	(TICK WHICHEVER IS APPLICABLE)	EX-SERVICEMAN / OTHER CATEGORIES							
		IF OTHER CATEGORY:- GIVE DETAILS							
		(ATTACH RELEVANT CERTIFICATES AS PROOF)							
I.	MARITAL STATUS	a. MARRIED / UNMARRIED b. IF MARRIED, NAME OF SPOUSE							
	IF PHYSICALLY CHALLENG						PERCENTA	GE OF	
J.	THE RELEVANT PARTICULAR			IF APPLICABLE, WRITE 'YES'			DISABIL		
(i) E	SLINDNESS OR LOW VISION	<u> </u>	<u>'</u>	N/A			וטואלוטו	-11 1	
٠,	HEARING IMPAIRMENT			<u> </u>					
` '	OCOMOTOR DISABILITY (	OR CEREBRA	AL						
` '	PALSY (INCLUDES ALL CASES OF C								
	IANDICAPPED)								

	NAME OF THE COURSE	NAME OF THE BOARD / UNIVERSITY	MONTH & YEAR PASSED	DIVISION (D)	% OF MARKS	CGPA (IF GRADING IS APPLICAB LE) (F)	SUBJECTS STUDIED	S.NO. OF PROOF ENCLOSE D
10 <sup>TH</sup> CLASS/ EQUIVALENT								
10 + 2 / EQUIVALENT								
BACHELOR'S DEGREE								
P.G. DIPLOMA								
MASTER'S DEGREE								
OTHERS (PROFESSIONAL COURSE)								
Certificate in Type Writir	ng			ı				
Diploma in Computer A	pplication							

4. CHRONOLO	OGICAL LIST OF EXPER	RIENCE (INC	CLUDING C	JRRENT POSITION,	EMPLOYMENT)	
DESIGNATION AND SCALE OF PAY	NAME AND ADDRESS OF EMPLOYERS	PE	RIOD OF EX	PERIENCE		S.NO. OF PROOF ENCLOSED
		FROM DATE	TO DATE	NO. OF YEARS /MONTHS (AS ON DATE OF ADVERTISEMENT)	NATURE OF WORK/DUTIES	
(A)	(B)	(C)	(D)	(E)	(F)	(G)

5. PRESENT POSIT	TON (IF ANY)				
DESIGNATION	NAME OF THE ORGANIZATION	BASIC PAY (Rs.)	PAY SCALE (Rs.)	GROSS PAY / TOTAL SALARY P.M. (`)	REMARKS

	NAME					
COMPLETE ADDRESS WITH PIN CODE  E-MAIL		MAILING ADDRES	S	PERMANENT ADDRESS		
		PHONE NO. (LANDLINE WITH STD CODE)	MOBILE NO.		FAX NO.	
		TESTIMONIALS ATTACHED ( K (√) THE RELEVANT ONES APF	=	BE PRODUC	CED AT THE TIME	
(a)	MATRICULATION	MARKSHEET / CERTIFICATE				
(b)	INTERMEDIATE M/	ARKSHEET / CERTIFICATE				
(c)	B.A. / B.SC. / B.C0	OM. (FINAL) MARKSHEET / CE	RTIFICATE			
(d)	EXPERIENCE CERT	IFICATE				
(g)	CERTIFICATE OF C	COMPUTER APPLICATION				
AL NUA	ивеr of above self	f attested testimonials att	ACHED		(IN WORDS)	
. DEC	CLARATION					
DECLAR CORREC	RE THAT ALL THE STATI CT TO THE BEST OF MY R INCORRECT OR INE		IN THIS APPLIC I THE EVENT OF BEFORE OR AFT	CATION ARE TANY INFORM TER THE SELECT	TRUE, COMPLETE AI MATION BEING FOU	