



GAUHATI UNIVERSITY: GUWAHATI - 14: ASSAM

APPLICATION FORMAT FOR CONTRACTUAL ENGAGEMENT

(Temporary)

NB: Incomplete Applications, Applications without the application fees or without the signature are likely to be rejected.

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|---|
| a. ADVERTISEMENT NO. & DATE: Post No. : |
| b. NAME OF THE POST APPLIED FOR: |
| c. DEPARTMENT/CENTRE/OFFICE APPLIED FOR: |

- Name in full (in block letters) :
- Father/Husband Name:
- Permanent Address (in full):
.....
.....
PIN:..... Contact No.....
- Address for Communication:
.....
.....
PIN: Contact No
- Email id :
- Date of birth in Christian era :
- Age on the date of Interview (that is:.....):
- Nationality :..... 9. Religion :..... 10. Sex:.....

9. Details of Academic Qualifications (to be supported by attested photocopies) :

| Exam Passed | Year of Passing | Div./Class | Percentage (%) | Name of the Board/ University | Remark (if any) |
|--------------------------------------|-----------------|------------|----------------|-------------------------------|-----------------|
| Matriculation/ HSLC | | | | | |
| PU/HSSLC | | | | | |
| B.Sc & equivalent | | | | | |
| M.Sc & equivalent | | | | | |
| Others (please specify) | | | | | |
| Two years Diploma Course in Pharmacy | | | | | |
| Experience | | | | | |

10. Present position held with date, if any :

11. Name (of the Employer, with Address if any) :

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Pin: Contact No.: Email id :

13. For any additional information please attach additional sheet required

14. Declaration :

I hereby declare that I have carefully read and understood the instructions and regulations referred here in and that all the statements made in this application are true and complete to the best of my knowledge and belief. I understand that the competent authority can take appropriate action against me in case any of the information is found to be incorrect at any stage. Moreover in case of selection, I shall not claim any right to permanent absorption.

Signature of the applicant:.....

Date:.....

Name in full :.....

Place:.....

Designation / Department:.....

Address:.....

.....

LIST OF ENCLOSURES:

- | | |
|---|----|
| 1 | 6 |
| 2 | 7 |
| 3 | 8 |
| 4 | 9 |
| 5 | 10 |

Signature of the applicant:.....

Date: