

ADVERTISEMENT NO. & DATE:	POST NO.:
NAME OF THE POST APPLIED FOR:	
1. Name of Candidate (in BLOCK le	etter):
2. Father's Name:	
3. Mother's Name:	
4. Date of Birth (dd/mm/yyyy):	
(Attested copy of 10 th standard	Certificate to be enclosed as a proof of the age)
5. Nationality:	Caste (General/SC/ST)
6. Sex:	Married/Unmarried:
7. Age as on 01.01.2023-	
8. Address:	
(a) Correspondence Address:	(b) Permanent Address:
Contact No.	Contact No.

9. Academic/Professional Qualifications:

Examination Passed	Board/ University	Year of passing	Division/ Class/ Grade	Percentageof Marks obtained	Subject(s)
Graduation					
Post- Graduati on M.Phil.					
Ph.D.					
Professional/ Technical/Other qualifications (if any)					

(Attested copies of Marks Sheets and certificates from the H.S.L.C. onwards)

10.NET/SLET/GATE etc. (Applicable for only Assistant Librarian Post. Please enclose photocopies of documents, as appropriate):

Name of the Test	Name of the organization	Month and year	Roll No.	Subject	Score, where applicab le

11.Details of past services (please start from the recent employment record, keep adding this (11) section as per requirement. Also required to enclose supporting documents):

From: xxxx	To: xxxx
Institution/Employer Name	
Position Held	
Location	
Scale of pay/ pay band/	

AGP/GP as applicable	
Temporary/ Contract/ Permanent/ Ad-Hoc (mark as applicable)	
Nature of Duties	
Remarks (if any)	

Training and				
Publications (if any)				
i ublications (il any)				
Computer knowledge/				
Software Packages				
Languages		• • • •		
	Language	Speaking	Reading	Writing
				_
			<u> </u>	

12.Names of two referees not related to the applicant:

Na	ame:	Name:
De	ept./ Designation:	Dept./ Designation:
A	ddress:	Address:
PI	IN:	PIN:
Co	ontact No.:	Contact No.:
13.Any	mail id: additional information that the candidate may wish y attach a separate sheet if necessary)	Email id: to provide
••••		
•••		

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.

	Signature of the applicant:
Date:	Name in full:
Place:	Designation/Department:
	Address:

LIST OF ENCLOSURES

Details of certificates and other necessary documents list as per serial number of the form

1.	
2.	
3.	
4.	
5.	

Signature of the applicant:.....

Date:

NO OBJECTION CERTIFICATE

This is to certify that ______ (Name of the institution/ organization) has no objection if Prof./ Dr./Shri./ Ms. Designation...... Designation...... Department/ Center....... of this institution/ organization applies for the position of ______ (Name of the Post applied for) in Assam Skill University, Mangaldoi, Darrang.

Head of the Institution/ organization: Signature & seal : Date: