



GAUHATI UNIVERSITY : GUWAHATI - 14 : ASSAM

APPLICATION FORMAT (for Contractual posts)

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

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

e. CATEGORY APPLIED FOR (PLEASE TICK) :
 (attested copy of certificate to be submitted, except for UR)

UR	SC	ST	OBC	PWD	EX-SER
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

f. Details of fees paid and enclosed : SBI Collect Payment Reference No.
 Amount : Rs. Date : Bank : Branch :

- 1. Name in full (in block letters) :
- 2. Father/Husband Name :
- 3. Permanent Address(in full) :

 PIN : Contact no.
- 4. Address for communication :
 (If same as permanent,
 write "Do")

 PIN : Contact no.
- 5. Email id :
- 6. Date of birth in Christian era :
- 7. Age on the date of application (that is :) :
- 8. Nationality : 9. Religion : 10. Sex:

11. Category (SC/ST/OBC/PWD/EX-SER) (Pl. attach copy of certificate):

12. Details of Academic Qualifications (to be supported by attested photocopies):
(Ignore, if not applicable)

Exam Passed	Year of Passing	Div./Class	Percentage (%) / CGPA	Name of the Board/University	Remarks (if any)
Matriculation/HSLC					
PU/HSSLC					
B.A./B.Sc./B.Com./ B.Li.Sc. & equivalent					
M.A./M.Sc./M.Com. (with subject):/ M.Li.Sc. & equivalent					
M.Phil.					
Ph.D.					
Others (if any, please specify)					

13. Particulars of NET/SLET etc. (Pl. enclose photocopies)

Name of the Test	Name of the Organization	Month & Year	Roll. No.	Subject	Score, whichever applicable

14. Details of Computer Knowledge (if any)

Name of the Course	Name of the Institute	Month & Year	Class/Div.	Remarks (if any)

15. Details of Past Service (if any): (Pl. enclose supporting documents)

Name of the post held	Name of the Institution	Length of services	Scale of pay/ Pay band/ band pay/ AGP/ GP as applicable	Temporary/ Permanent/ Ad-hoc etc.	Nature of duties	Remarks, if any

16. Present position held with date:.....

17. Present Pay Band, Band Pay and AGP/GP:

18. Effective date of present Pay Band, Band Pay and AGP/GP:.....

19. Name of the employer, with address:

.....

PIN: Contact phone no.,..... Email id:

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

a)

.....

.....

PIN: Contact phone no.: Email id:

b)

.....

.....

PIN: Contact phone no.: Email id:

21. Any Additional information, the candidate wishes to provide, if any (Pl. attach additional sheet, if required):

22. 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: *(Please attach, copies of certificates, sanction orders, papers etc. wherever necessary)*

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

Signature of the applicant:

Date :