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**ASSAM SKILL UNIVERSITY**

# APPLICATION FORM FOR TEACHING POSTS

## (Direct Recruitment)

FOR INSTRUCTOR (SENIOR/ JUNIOR)

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

|  |
| --- |
| **ADVERTISEMENT NO. & DATE: POST NO.:**  |
| **NAME OF THE POST APPLIED FOR:**  |
| **NAME OF THE SCHOOL:** |

1. Name in full (BLOCK LETTERS):…………………………………………………………………
2. Father/Spouse Name:………………………………………………………....…………………………
3. Permanent Address:……………………………………………………………………………………...

……………………………………………………………………….……………...

…………………………………………………………………………………. PIN:……………………Contact No.…………………………………………...

1. Address for communication:……………………………….…………………………………………..

…………………………………………………………………………………

………………………………………………………………………………… PIN:……………………Contact No.………………………………………..

5. E-mail:……………………………………………….…..……………………………….……………

6. Date of Birth (dd/mm/yyyy):…………………………………...………………………………….

 (*Attested copy of 10th standard Certificate to be enclosed as a proof of the age*)

7. Age as on 01.01.2023:…………….…………………………………...........................

8. Nationality:……………………..……………………….9. Sex:………………………………

10. Category (SC/ST/OBC/PWD/EWS) (*please attach certificate*):………..…………………………….

11. Details of Academic Qualifications (*to be supported by attested photocopies of relevant documents*):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Examinations Passed | Year of Passing | Percentage (%) of Marks/Grade | Board/University | Specialization/major/ focus area of study (whichever applicable) |
| 10th |  |  |  |  |
| 12th |  |  |  |  |
| Graduation |  |  |  |  |
| Post-Graduation |  |  |  |  |
| Others (please specify) |  |  |  |  |

1. Details of past services (*please start from the recent employment record, keep adding this (12) section as per requirement. Also required to enclose supporting documents*):

|  |  |
| --- | --- |
| From: |  To: |
| 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/ Activities performed |   |
| Remarks (if any) |   |

1. Others

|  |  |
| --- | --- |
| Training and Publications (if any) |  |
| Computer knowledge/ Software Packages |  |
| Languages | Language | Speaking | Reading | Writing |
| Engl | Prof | Pro | Profi |
|  | Prof |  |  |
|  |  |  |  |

1. Name of two referees not related to the applicant:

Name: Name:

Dept./ Designation: Dept./ Designation:

Address: Address:

PIN: PIN:

Contact No.: Contact No.:

Email id: Email id:

1. Any additional information that the candidate may wish to provide:

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1. 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:………………………………

**LIST OF ENCLOSURES**

 D*etails 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………………………… 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:

#