

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 L	ETTERS):	
2.	Father/Spouse Name:		
3.	Permanent Address:		
		PIN:	Contact No
4.	Address for communicat	ion:	
		PIN:	Contact No
5.	E-mail:		
6.			
			ate 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):.....

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)				

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

12. 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:	То:
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)	

13. Others

Training and Publications (if any)				
Computer knowledge/ Software Packages				
Languages	Language	Speaking	Reading	Writing

14. 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:

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

16. 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

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	Department/
Center	of this institution/ organ	nization applies for the position of
(Na:	ne of the Post applied f	for) in Assam Skill University,
Mangaldoi, Darrang.		

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