



# NAGALAND UNIVERSITY

(A Central University Estd. By the Act of Parliament No.35 of 1989)

Headquarters : Lumami - 798627

## APPLICATION FORM FOR NON-TEACHING POSTS

Advertisement No.

1. APPLICATION NUMBER : _____  2. APPLICATION RECEIVED ON : _____  (For Office Use Only)							PASTE YOUR RECENT PASSPORT SIZE PHOTOGRAPH HERE		
<b>NAME OF THE POST APPLIED FOR</b>									
<b>3. PERSONAL DETAILS</b>									
A.	NAME (In Capital Letters)			FIRST NAME		MIDDLE NAME		SURNAME	
B.	Date of Birth	Day	Month	Year	Age As on 30.06.2017		Year	Month	Days
C.	Place of Birth		City/Village		State		Country		
D.	Father' Name								
E.	Mother' Name								
F.	Nationality				Religion				
G.	Gender			Male / Female / Other:					
H.	Community / Category (Tick whichever is applicable)			GEN [ ] SC [ ] ST [ ] OBC [ ] PWD [ ] Other Categories [ ] If Other Category Give Details _____					
I.	Marital Status			a. Married [ ] Unmarried [ ]					
J.	If Physically Challenged, Indicate the relevant particulars			If applicable write 'YES'			Percentage of Disability		
(i). Blindness or <b>OR</b> Low Vision									
(ii). Hearing Impairment									
(iii). Loco motor Disability OR Cerebral Palsy (Includes all cases of Orthopedically Handicapped)									

4. CANDIDATE'S NAME AND ADDRESS FOR CORRESPONDENCE	
Present Postal Address (in full) for correspondence with Pin code.	Permanent Address (with nearest Police Station)
E-Mail	Phone / Mobile No. ( If Landline With STD Code)

5. Details of Examination passed from Matriculation/School leaving certificate onwards  
(To be supported with true copies duly attested).

Name of the School with Board/Council, College and University	Examination passed	Class or Division	Marks obtained in percentage	Year	Subject of studies

6. Technical qualification if any (Enclose true copies duly attested).

Name of the School with Board/Council, College and University	Examination passed	Class or Division	Marks obtained in percentage	Year	Subject of studies

**7. Details of Present & Previous Employment (To be supported with certificate from the employer).**

**Give particulars in descending order starting with the present post:**

Employer	Status of Institute/University Central / State. Govt. Quasi Govt./ Autonomous/ Private.	Post held	Scale of Pay	Period of Employment			Nature of duties/ work
				From	To	Length of service	

**8. Give name of two persons for reference not related to you, with full address**

1. Name:			
Occupation			
Address:			
Mobile No:		E. Mail:	
2. Name:			
Occupation			
Address:			
Mobile No:		E. Mail:	

**9. Particulars of remittance:**

Cash/D.D (Tik any one) :

Amount Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_) only

D.D.No & Date \_\_\_\_\_ Name of Bank with address \_\_\_\_\_

\_\_\_\_\_

Date of Deposit \_\_\_\_\_

**10. LIST OF SELF ATTESTED TESTIMONIALS ATTACHED (ORIGINAL TO BE PRODUCED AT THE TIME OF INTERVIEW). PLEASE TICK (✓) THE RELEVANT ONES APPLICABLE**

- (a) MATRICULATION MARKSHEET / CERTIFICATE
- (b) INTERMEDIATE MARKSHEET / CERTIFICATE
- (c) B.A. / B.SC. / B.COM. / B.B.A. (FINAL) MARKSHEET / DEGREE
- (d) M.A. / M.COM. / M.SC. / M.B.A./ LL.M. (FINAL) MARKSHEET / DEGREE
- (e) M.PHIL. DEGREE
- (f) PH.D. / D.PHIL DEGREE
- (g) SLET / NET, UGC-JRF, CSIR-JRF AWARD CERTIFICATE
- (h) CASTE CERTIFICATE ISSUED BY THE COMPETENT AUTHORITY (SC/ST/OBC / MOBC ETC.)
- (i) EXPERIENCE CERTIFICATE
- (j) RECOMMENDATION LETTER(S)
- (k) AWARD(S) / FELLOWSHIP(S)
- (l) PUBLICATION(S)

TOTAL NUMBER OF ABOVE SELF ATTESTED TESTIMONIALS ATTACHED \_\_\_\_\_

(IN WORDS) \_\_\_\_\_

**N.B. APPLICATIONS WITHOUT THE ABOVE SELF ATTESTED TESTIMONIALS WILL NOT BE ENTERTAINED.**

**11. DECLARATION**

I, \_\_\_\_\_ Son / Daughter of \_\_\_\_\_  
Hereby declare that all the statements and entries made in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect or ineligibility being detected before or after the selection committee, my candidature / appointment may be cancelled by the University and I will have no claim against the decision of the University.

Date : \_\_\_\_\_

SIGNATURE OF THE APPLICANT

Place : \_\_\_\_\_

\_\_\_\_\_  
Name as signed (In Block Letter)

**\*APPLICATION NOT SIGNED BY THE CANDIDATE IS LIABLE TO BE REJECTED**

*Note: Where space provided in the form is found to be inadequate, annexure may be given in plain paper quoting the numbers under which additional information is supplied.*

**TO BE FILLED BY THE EMPLOYER FOR CANDIDATE ALREADY IN SERVICE**

1. Certified that Dr./Mr/Mrs/Miss \_\_\_\_\_ has been working in this organization namely \_\_\_\_\_ in the post of \_\_\_\_\_ in a Permanent/Temporary/Contract capacity with effect from \_\_\_\_\_ to \_\_\_\_\_
  
2. It is also certified that no **disciplinary/departmental/vigilance** enquiry is either pending or contemplated against \_\_\_\_\_ and that he/she is not undergoing any penalty.
  
3. His / Her integrity is certified.
  
4. The institution/organization has, therefore, no objection to his/her candidature being considered for the post applied for.

Signature of the Head of the Institution  
(With Seal)

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Date: \_\_\_\_\_

Place: \_\_\_\_\_