** नागालैण्ड विश्वविद्यालय**

 **NAGALAND UNIVERSITY**

 **(संसद द्वारा पारित अधिनियम 1989, क्रमांक 35 के अंतर्गत स्थापित केंद्रीय विश्वविद्यालय)**

 **(A Central University established by an Act of Parliament No.35 of 1989)**

 **मुख्यालय : लुमामी, जिला : जुन्हेबोटो (नागालैण्ड), पिनकोड – 798627**

 **Hqrs: Lumami, Dist. Zunheboto (Nagaland), Pin Code – 798627**

 **वेबसाइट / Website : www.nagalanduniversity.ac.in**

**APPLICATION FOR THE POST OF PROJECT ASSOCIATE-I**

**(DST-SERB PROJECT)**

|  |  |
| --- | --- |
| **For office use:** | Paste your recent passport size photo |
| Serial Number: …………. |
| Eligible for written exam/interview. Yes/No |
| Verified the Certificates: ………………. |

|  |  |
| --- | --- |
| **1. Name:** |  |
| **2. Father’s name:**  |  |
| **3(a). Date of Birth:** | **3(b). Nationality:**  |
| **4. Gender**  | **Male** | **Female** | **5. Category:**  |

**6. Contact Information:**

|  |  |
| --- | --- |
| **(i) Address for** **communication:** |  |
| **(ii) Mobile No.:** |  |
| **(iii) Email ID:**  |  |

**7. Educational Qualifications\***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Class** | **Subject** | **Board/ University** | **Name of Institute** | **Marks/CGPA** | **Year of Passing** |
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|  |
| **Competitive Exam** | **Qualified** | **Marks/ Rank** | **Year** |
| CSIR-UGC NET | Yes/No |  |  |
| GATE | Yes/No |  |  |

**\*Attach Self-attested scan copies of all certificates.**

**8. Work Exposure, if any (in years) …………………………………………**

|  |  |  |  |
| --- | --- | --- | --- |
| **Organization** | **Designation** | **Duration** | **Responsibilities** |
|  |  |  |  |
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|  |  |  |  |

**9. Number of Publication: (Attach a separate list of publications with full details)**

|  |  |
| --- | --- |
| **National** | **International** |
|  |  |

**10. workshop/Training program attended\*:**

|  |  |
| --- | --- |
| **Sl. No.** | **Details** |
|  |  |
|  |  |
|  |  |

**\*Attach separate sheet (if required)**

**11. other Achievements\*:**

|  |  |
| --- | --- |
| **Sl. No.** | **Details** |
|  |  |
|  |  |
|  |  |

**\*Attach separate sheet (if required)**

**12. Declaration:** All the above information provided by me is true to the best of my knowledge and I understand that, if found incorrect, I may be disallowed to appear in the interview/test or terminated at any stage.

**Date:**

**Place: Signature of the Candidate**