

GAUHATI UNIVERSITY: GUWAHATI - 14: ASSAM

APPLICATION FORMAT FOR ADMINISTRATIVE POSTS

(Direct Recruitment)

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

A 1	DATE OF THE PARTY			D	ANT			
a. ADVERTISEMENT NO. & DATE :								
	AME OF THE POST APPLIED FOR:							
c. SF	PECIALISATION APPLIED FOR:	• • • • • • • • • •						
d. DEPARTMENT/ CENTRE/ OFFICE APPLIED FOR:								
e. CATEGORY APPLIED FOR (PLEASE TICK) :								
(atte	ested copy of certificate to be submitted, except	UR	SC	ST	OBC	PWD	EX-SER	
for UR)								
	etails of fees paid and enclosed : Demand Draft / Uni	•						
An	nount: Rs Date: Bank:			B	ranch:.			
1	Name in full (in block letters):							
1.	,							
2.	Father/Husband Name:							
3.	Permanent Address(in full):			• • • • • • • • •				
	PIN : Co	ontact n	ю					
4.	Address for communication :							
	PIN : Co	omact n	10	• • • • • • • •	• • • • • • • • • • • • • • • • • • • •		•••	
5.	Email id:							
6.	Date of birth in Christian era :							
7.	Age on the date of application (that is :):							
8.	Nationality:							
٥.	1 (actionality :			1	,, DUA			

Exam Passed	Yea	r of Passin	g Div./ Cla	ass	Percen	itage (%)	Boar	e of d/ ersity	the	Remark(if any)
Matriculation/										
HSLC										
PU/ HSSLC										
B.A/ B.Sc/										
B.Com &										
equivalent										
M.A/ M.Sc/										
M.Com &										
equivalent										
M.Phil										
Ph.D										
Others (Please										
specify)										
13.Particulars		/SLET/GA					I ~			
Name of the Te	Name of the Test		of the	Month and Yea		oll No.	Subj	ect		Score, where applicable
14. Details of pa	ast servi	ices : (Pl. e	enclose supp	orting do	cumen	ts):				
Name of the	Name		ength of			Tempora	rv /	Nature	e of	Remark, if
post held	Institu		ervices :	/Pay ba	nd/	Permane	nt/	duties		any
Postilicia	1115 0100			band pa		Ad-hoc e				4412
				AGP/C						
				applica						

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

Details of Academic Qualifications (to be supported by attested photocopies):

11.12.

•									
17.Effective da	te of present Ba	sic Pay:		•••••		•••••			
18. Name of the	e employer, with	h address :							
Pin :	Con	tact no							
	wo referees not	related to the a		•					
Name:				lame :					
-	Designation:			Dept./ Designation	on:				
Address	:		P	Address:					
Pin:			P	in :					
Contact No:			Contact No:						
Email id :			Email Id:						
20. Any Ado	ditional informa	ation, the candid	date wishes to p	provide, if any	(Pl. attach addi	tional sheet, if			
required):									
21. Declara	ation:								
I hereby	declare that I h	nave carefully r	ead and underst	ood the instruc	tions and regula	ations referred			
here in a	nd that all the	statements mad	e in this applica	tion are true ar	nd complete to	the best of my			
knowled	ge and belief. I	understand tha	t the competent	authority can to	ake appropriate	action against			
me in cas	se any of the inf	formation is fou	nd to be incorre	ct at any stage.					
		:	Signature of the	applicant:					
Date : .			Name in full :						
Place:			Designation / De						
		4	Address:						

LIST OF ENCLOSURES: (Please attach, copie	s of certificates, sanction orders, papers etc. wherever necessary)
1	6
2	7
3	8
4	9
5	10
	Signature of the applicant :
	Date: