

BODOLAND UNIVERSITY RANGALIKHATA (DEBARGAON) KOKRAJHAR, BTR, ASSAM – 783370

APPLICATION FORM FOR ENGAGEMENT AS GUEST FACULTY FOR ENGAGING CLASSES ON PERIOD BASIS (2025-26)

Instruction:

- 1. Separate application is required for each subject.
- Application duly filled should be submitted to the Registrar, Bodoland University, Rangalikhata (Debargaon), Kokrajhar, BTR, Assam – 783370

Paste Passport Size Photograph (Self Attested)

- 3. The application will not be entertained after the prescribed last date.
- 4. No T.A./D.A. shall be paid for attending interview, if conducted.
- 5. Self-attested copies of mark sheets, certificates, proof of payment/D.D. etc., must be enclosed with the application.
- 6. Incomplete form will be rejected without any notice.

PART-A (To be filled in the candidate's own handwriting)

1	Name of the Subject/Course applied for	
2	Advertisement No. & Date	
3	Category (please tick)	(i) Retired teacher from University/College (ii) Others
4	Name of Candidate in BLOCK LETTERS	
5	Reservation category(General/ SC/ST/OBC (Non-Creamy layer, PWD attach certificate)	
6	Father's/Husband's Name	
7	Date of Birth	
8	Permanent address in Full	
9	Present Address (if different from above)	

		Qualifications						
Examination passed		Board/University	Board/University Year Subjects/Specialization		ecialization	Division	Marks in% (CGPA)	
Secondary							(CGPA)	
Senior							-	
Secondar			-					
Graduation					-		-	
PG							 	
M. Phil								
Ph. D	<u>.</u>				·			
JRF/NET/SLET/							 	
etc.						_		
11. Teach	ing expe	rience (attach cer	tificate)			-		
Sl. No. Organiz			Post held	From	То	Classes	s taught	
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12. Resea	rch Expe	rience (after Ph.L))					
No. of year	ars			No. of papers	nuhlished (R	esearch Iour	nal)	
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13. Enclos		and Draft of Rs. 5		•		,		
Dated		Bank	7007°(183. 500	· 101 3C/31/FM	categories) i	NO	•••	
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			OF					
Through No: 3160'	RTGS/N 7155480.	EFT to SBI, IFSC Code: SI	Bodoland 3	University Bra	inch, Kokra Jer Registra	ijhar, Curre	nt Account	
Kokrajhar	, BTR, A	ssam (Enclose E-	receipt/proo	f with this form	i).	i, Dodoland	Oniversity,	
			PART					
DECLARATION I hereby declare that all the entries in this form are true to the best of my knowledge and belief and								
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		•		11 - 44 - 14				
		dertake teaching						
		ed by the Univers						
conditions	and will	submit required a	affidavit at th	ne time of allotr	nent of class	es on period	basis.	
Date:				Ciarrie	-Cal	1		
Place				Signature of the candidate				
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