



# NETAJI SUBHAS OPEN UNIVERSIRTY

H.Q DD-26,Sector-1, Salt Lake City, Kolkata-700 064

Phone-(033) 4066-3220 ;Website: [www.wbnsou.ac.in](http://www.wbnsou.ac.in)

D. D. No. _____ for Rs. _____
Name of Bank. _____

<b>Photograph</b>
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## APPLICATION FORM FOR THE POST OF Director, Regional Centre

Advertisement No

Date-

1. Post (Name and Serial No.) .....
2. Scale of pay .....
3. Applicant's Name .....  
(IN BLOCK LETTERS)
4. Father's/ Mother's Name .....
5. Date of Birth(DD/MM/YYYY) .....
6. Permanent Address .....  
.....  
.....
7. Present Address.....  
.....  
.....
8. Phone No. (Landline/ Mobile)
9. E-Mail ID.....

10. Nationality.....

11. Sex (Please tick): Male/Female

Married	Unmarried

12. Marital Status (Please tick)

13. Applicant's Mother Tongue

14. Other languages the applicant can speak/write/ read fluently

Category (Please tick)

UR	SC	ST	OBC- A	OBC- B	PH

(Please enclose the copy of the relevant documents except UR)

15. Qualified for (Please tick),if any

NET	SLET/SET	GATE	NONE

16. Educational Qualifications:

Sl. No.	Examination passed	Year	Board/ Council/University	Percentage of Marks	Grades/divisions/ distinctions awarded

17. Particulars of experience in reverse chronological order (starting from present employment)

Name of Organization/ Institution	Post held*	Scale of Pay or Pay Band & Grade Pay	Duration		Last Emolu ments drawn	Reason for leaving
			From (Date)	To (Date)		

18. Details of publication & Research activities, if any (May attach separate sheets if need)

19. Specify additional qualifications / experience (Sports, NCC, NSS, IT, Music, Literary and Social Activities etc.), if any .....

20. Prestigious Honours/Awards received, if any, with name of awarding agency/ government and year (if any).....

21. TRAINING RECEIVED (if any): Courses/Workshops/ Training/Teaching-Learning-Evaluation Technology Programmes/Soft-Skill Development Programmes & Faculty Improvement/Dev. Programmes, including Summer and Winter Schools\_attended/organized:

Title of the Course/Works hop,etc	Nature of the Course/ (Workshop/ etc.)	Sponsoring/ Funding Agency	Duration of the Course (State Attended or organized)	Host/ Organizing Institution

22. Name of two referees:

(i)

(ii)

23. If appointed what notice period you require for joining the post?

**24. I declare that the above particulars are true and correct to the best of my knowledge and documentary evidence for each information will be produced as and when required. Should any of the information / documents / statements are found to be incorrect or false, the appointment is liable to be terminated at any period of time.**

Date

*Signature of the Applicant*