



NETAJISUBHAS OPEN UNIVERSIRTY

DD-26, Sector-I, Salt Lake City, Kolkata-700 064
Ph. 033-4066-3220, Website: www.wbnsou.ac.in

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

Photograph

APPLICATION FORM FOR THE POST OF ASSISTANT PROFESSOR (PayBand-Rs 15,600-39,100/- plus AGP of Rs 6000/-)

Advertisement No: _____

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

11. Sex: (Please tick) Male/Female

12. Marital Status (Please tick) Married / Unmarried :
13. Applicant's Mother Tongue :.....
14. Other languages the applicant can speak / write / read fluently:
15. Category (Please tick) :

UR	UR (EC)	SC	SC (EC)	ST	ST (EC)	OBC-A	OBC-A (EC)	OBC-B	OBC-B (EC)	UR (PWD)

(Please enclose copy of the relevant documents except UR)

16. Qualified (Please tick):

NET	SLET/SET	GATE	NONE

17. Educational Qualifications:

(Use the tabular format below. Attach separate sheet if required.)

Sl. No.	Examination Passed	Year	Board / Council / University	Percentage of marks	Grades/ divisions / distinctions awarded

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

Name of Organization/ Institution	Post Held*	Scale of pay	Duration		Last Pay	Reason for leaving
			From	To		

* mention whether the appointment is full-time or part-time basis.

19. Details of publication :

Date of Publication	Title	Name of the Co-authors, if any	Name of the Journal	Volume and Pages	ISBN/ISSN No.

20. Specify additional qualifications / experience (Sports, Music, Literary and Social Activities etc.):

21. Period of teaching experience (only for teaching posts):

P.G Classes (in years):

U.G. Classes (in years): 1

22. Research Experience Post M.Phil / Ph.D. (In years) :

23. Prestigious Honours/Awards received with name of awarding agency/government with year, if any :

- 1.
- 2.
- 3.

24. Post-Doctoral Fellowship of at least 2 Months duration received and availed of :

Name of the Fellowship	Funding Agency/Institution	Host Institution	Period

25. Fields of Specialization under the Subject/Discipline:

- (a) (b)
(c) (d)

26. Experience in working in distance education system, if any:

27. Additional information if any:

28. Notice required to join if selected:

29. Name and address with mobile no.

- of two referees : 1.
(Other than the present employer)

2.

30. No. of documents attached:

I declare that (a) the above particulars are true and correct to the best of my knowledge and original 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 given subsequently on the basis of such incorrect or false information/documents/statements is liable to be terminated forthwith. (b) I have read the GO No.516-Edn(U)/1U-91/10 dt.16.05.2017, issued by Dept. of Higher Education, GoWB along with the clauses laid down under the “General Information” as given in Memo No: Reg/771 dt. 19.06.2017 and undertake to abide by the same.

Date:

Place:

Signature of the Applicant

Note:

Where space provided in the form is found to be inadequate, annexures may be given quoting serial numbers under which additional information is supplied but strictly as per format.