



NETAJI SUBHAS OPEN UNIVERSITY

H.Q.: DD-26, Salt Lake, Sector -I, Kolkata — 700064

Phone: 033 4066 3220, TELEFAX: 033 4066 3225

Website: www.wbnsou.ac.in

D.D.No. _____ for Rs. _____

Name of issuing Bank _____

Photograph

APPLICATION FORM FOR THE POST OF OFFICERS

(To be submitted in duplicate)

Advertisement No.: _____

Date: _____

1. Post (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 Address: _____

7. Mailing Address: _____

8. Phone No. (Landline/ Mobile): _____
9. E-Mail ID _____
10. Nationality _____
11. Gender : _____
12. Marital Status : _____
13. Applicant's Mother Tongue : _____.
14. Other languages the applicant can speak / write / read. _____
15. Category of the candidate belongs to (Please tick✓)

General	SC	ST	OBC-A	OBC-B	PH

(Please enclose copy of the relevant documents except UR

16. Category of post for which candidate is applying (Please tick✓):

UR	SC	ST

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. a) Present post (mention whether on **Full Time** basis)/ designation with Salary, Pay band & Grade Pay: _____
 b) Present employer: _____

Posts held (only on Full-Time basis would be considered) including the present position, last pay drawn and reason of leaving:

(Use the space below, attach separate sheet if necessary) & (in chronological order)

Name of Organization/ Institution	Post Held*	Scale of pay or Pay Band & Grade Pay	Duration		Last emoluments drawn (per month)	Reason for leaving
			From	To		

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

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

20. Whole time Experience(specifying number of years) in working in Open Distance Learning system, if any :

21. Additional information if any:

22. Notice required to join if selected:

23. Name and address with mobile no.
of two referees: 1.
(other than the present employer)

2.

24. No. of documents attached:

25. I declare that 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 candidature /appointment is liable to be cancelled at any period of time.

Date _____

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.