



# NETAJI SUBHAS OPEN UNIVERSITY

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Website: [www.wbnsou.ac.in](http://www.wbnsou.ac.in)

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Photograph

## APPLICATION FORM FOR THE POST OF **Controller of Examinations/ Deputy Registrar (Finance)/ Public Relation Officer**

Advertisement No.: \_\_\_\_\_

Date: \_\_\_\_\_

1. Post (Name and Serial No): \_\_\_\_\_

2. Scale of pay \_\_\_\_\_

3. Applicant's 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. Present Address: \_\_\_\_\_

\_\_\_\_\_

8. Phone No. (Landline/ Mobile): \_\_\_\_\_

9. E-Mail ID \_\_\_\_\_

10. Nationality \_\_\_\_\_

11. Gender : \_\_\_\_\_

12. Marital Status (Please tick) Married  Single

13. Applicant's Mother Tongue : .....

14. Other languages the applicant can speak / write / read: í í í í í í í í í í í í í í í í

15. Category (Please tick)

UR	SC	ST	OBC-A	OBC-B	PH

(Please enclose copy of the relevant documents except UR)

16. Qualified for (Please tick), if any

NET	SLET/SET	GATE	NONE

17. Educational Qualifications:

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

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

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

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

20. Experience in working in distance education system :

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 appointment is liable to be terminated 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.