

## **NETAJISUBHAS OPEN UNIVERSIRTY**

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

Transaction ID.\_\_\_\_\_ for Rs.\_\_\_\_\_

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

Photograph

APPLICATION FORM FOR THE POST OF ASSISTANT PROFESSOR (Pay Band Rs. 15,600-39,100/- plus AGP of Rs. 6,000/-)

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

1.	Post/Subject (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 /Mailing Address :
	-
7.	Present/Mailing Address :
8.	Phone No. (Landline/ Mobile) :
9.	E-Mail ID :
10.	Nationality :
11.	Sex (Please tick): Male/Female/Others

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	SC	ST	OBC-A	OBC-B	UR (PWD)
(7)1 1	6 1 1		LID )	•	•

(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.

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

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

Name of	Post			tion	Last Pay	Reason for	
Organization/	Held*		From	То		leaving	
Institution			TIOIII	10			

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

## 19. Details of publication:

Date	of	Title	Name of the	Name	of	the	Volume a	nd	ISBN/ISSN No.
Publication			Coauthors, if any	Journal			Pages		

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):

- 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

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

25. Fields of Specialization under the Subject/Discipline:

- 26. Experience in working in distance education system, if any
  - (a) (b)
  - (c) (d)

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, Govt. of WB along with the clauses laid down under the "General Information" as given in Reg/Rect/117; Date: 07.02.2020 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.