



BHATTADEV UNIVERSITY : BAJALI: PATHSALA - 781325 : ASSAM

APPLICATION FORM FOR ADMINISTRATIVE POSTS

(Direct Recruitment)

Incomplete applications, applications without the application fees or without the signature are likely to be rejected.

a. ADVERTISEMENT NO. & DATE: Post No.:

b. NAME OF THE POST APPLIED FOR:

c. DEPARTMENT/ CENTRE/ OFFICE APPLIED FOR:

d. CATEGORY APPLIED FOR (PLEASE TICK):

(Submit attested copy of certificate except for UR)

UR	SC	ST	OBC	PWD	EX-SER
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

e. Details of fee paid and enclosed Demand Draft:

Amount: Rs. Date: Bank: Branch:

1. Name in full (BLOCK LETTERS):

2. Father/Spouse Name:

3. Permanent Address:

PIN: Contact No.

4. Address for communication:

PIN: Contact No.

5. E-mail:

6. Date of birth in Christian era:

7. Age on the date of application (*that is:*):

8. Nationality: 9. Religion: 10. Sex:

11. Category (SC/ST/OBC/PWD/Ex-Serviceman) (please attach certificate):

12. Details of Academic Qualifications (to be supported by attested photocopies):

Exam Passed	Year of Passing	Division/ Class	Percentage (%)	Name of the Board/ Univ.	Remarks, if any
Matriculation/ HSLC					
PU/ HSSLC					
BA/ BSc/ BCom & equivalent					
MA/ MSc/ MCom or equivalent					
MPhil					
PhD					
Others (please specify)					

13. Details of past services (please enclose supporting documents):

Name of the Post held	Name of the Institution	Length of services	Scale of pay /Pay band/ band pay/ AGP/ GP as applicable	Temporary/ Permanent/ Ad-hoc etc	Nature of duties	Remarks, if any

- 14. Present Position held with Date:
- 15. Present Pay Band, Band Pay and AGP/GP:
- 16. Present Scale of Pay:
- 17. Name of the Employer, with Address:

- 18. Names and addresses (*with e-mail id and phone number*) of two referees not related to the applicant:

- 19. Any additional information that the candidate may wish to provide (*use additional sheets, if necessary*):

20. Declaration:

I hereby declare that I have carefully read and understood the instructions and regulations referred herein and that all the statements made in this application are true and complete to the best of my knowledge and belief. I understand that the competent authority can take appropriate action against me in case any of the information is found to be incorrect at any stage.

	Signature of the applicant:
Date:	Name in full:
Place:	Designation / Department:
	Address:

LIST OF ENCLOSURES (*certificates and other necessary documents*):

- | | |
|----|-----|
| 1. | 6. |
| 2. | 7. |
| 3. | 8. |
| 4. | 9. |
| 5. | 10. |

Signature of the applicant:

Date: