Job Application Form

Please read instructions carefully before filling the application

PASTE (Do not Pin or Staple here). Paste recent passport size colour photograph of size 3.5 cm x 3.5 cm. The colour photograph should not be more than 3 months old.

Please put your signature across the form and the photograph

PLEASE FILL UP THE APPLICATION IN CAPITAL LETTERS IN OWN HANDWRITING
(Except Signature, all information is to be filled up in CAPITAL LETTERS)

Fields marked as * are compulsory

NAME OF POST APPLIED FOR*:

DETAILS OF CANDIDATE

1. NAME OF CANDIDATE*:

FIRST NAME:

MIDDLE NAME:

SURNAME:

2. FATHER'S NAME*:

3. MOTHER'S NAME*:

4. CATEGORY (TICK √)*: GEN☐ SC☐ ST☐ OBC☐ MOBC☐

5. GENDER (TICK √)*: MALE☐ FEMALE☐

6. DATE OF BIRTH (DD/MM/YYYY)*:

7. AGE (as on 01-01-2021)*: Years Months Days

8. PERMANENT ADDRESS*:

P.O.: P.S.:

District:

State: Pin Code:

9. ADDRESS FOR CORRESPONDENCE*: (If same as Permanent Address write "same as above")

P.O.: P.S.:

District:

State: Pin code:

10. CONTACT NUMBER*:

(Candidate can mention two mobile nos.)

11. E-MAIL ID*:

12. EDUCATIONAL QUALIFICATIONS*:

ACADEMIC	QUALIFICATION/ NAME OF COURSE	NAME OF SCHOOL/COLLEGE/INSTITUTE	UNIVERSITY / BOARD	GRADE/DIVISION /PERCENTAGE
SSC/X /Matriculation				
Higher Secondary / XII				
Graduation				
Post Graduation				
Any Other Qualification (M.Phil, Ph.D, etc.)				

13. PROFESSIONAL EXPERIENCE*:

Employment details (Post Qualification only) (Candidates may use extra sheets if required and may enclose as annexure)

Sl. No.	DESIGNATION	ORGANISATION	DURATION			NATURE OF DUTIES
			From (Date)	To (Date)	Total (in Months)	
TOTAL EXPERIENCE (in months) =						

14. TRAINING AND OTHER COURSES ATTENDED (If any):

Sl. No.	NAME OF TRAINING / OTHER COURSE ATTENDED	NAME OF INSTITUTE	DURATION		
			From	To	Total (in Months)

15. LANGUAGES KNOWN*: (PLEASE TICK √)

Sl. No.	LANGUAGES	WRITING	READING	SPEAKING
1	English			
2	Assamese			
3	Hindi			

16. NAME AND ADDRESS OF TWO PERSONS FROM WHOM WE MAY SEEK REFERENCE ABOUT YOU*:

(The two persons must not be related to you and must have interacted with you in a Professional and / or Academic capacity for more than 2 years)

Sl. No.	NAME THE REFERENCE (PERSON)	DESIGNATION	ADDRESS	MOBILE NUMBER	Email - ID
1					
2					

17. This application form should be submitted along with self attested copies of:

a) proof of age, b) proof of educational qualifications (Mark sheets and Pass Certificates), c) work experience certificates, d) caste certificate (if any), and other relevant testimonials and documents (with self attestation)

DECLARATION

I hereby declare that all the statements made by me in this application form are true and complete to the best of my knowledge and I belief that nothing has been concealed or suppressed. I also understand that in case, any of my statements are found untrue during any stage of recruitment, selection and thereafter, I shall be disqualified for the post applied for and I shall be liable for any penal action by ASULMS/Govt. of Assam.

Date:

Place:

Signature of the Candidate