



# TEZPUR UNIVERSITY

(A Central University)  
Tezpur – 784 028 (ASSAM)

## Annexure-I

### PART-A (Brief Particulars of Applicant)

1. (a) Advertisement No. and Date: (b) Post applied for: (c) Post Sl. No. as per the Advertisement:	<table border="1" style="width: 100%; height: 40px;"></table> <table border="1" style="width: 100%; height: 20px;"></table> <table border="1" style="width: 100%; height: 20px;"></table>																
2. Name in full (in CAPITAL letters): (Please <b>underline the surname</b> )	<table border="1" style="width: 100%; height: 30px;"></table>																
3. Father's/Mother's/Spouse's  Name:	<table border="1" style="width: 100%; height: 50px;"></table>																
4. (a) Marital Status:	<table border="1" style="width: 100%; height: 20px;"></table>																
(b) Gender:	<table border="1" style="width: 100%; height: 20px;"></table>																
(c) Blood Group	<table border="1" style="width: 100%; height: 20px;"></table>																
5. (a) Correspondence address (in CAPITAL letters):	(b) Permanent address (in CAPITAL letters):																
<table border="1" style="width: 100%; height: 40px;"></table>	<table border="1" style="width: 100%; height: 40px;"></table>																
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20%;">(c) Phone No.</td> <td style="width: 10%;">Land line (with STD)</td> <td style="width: 70%;"></td> </tr> <tr> <td></td> <td>Mobile</td> <td></td> </tr> </table>	(c) Phone No.	Land line (with STD)			Mobile		(d) e-mail:										
(c) Phone No.	Land line (with STD)																
	Mobile																
6. Date of Birth (as per Christian era):	<table border="1" style="width: 100%; height: 40px;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> <tr> <td colspan="2">Day</td> <td colspan="2">Month</td> <td colspan="4">Year</td> </tr> </table>									Day		Month		Year			
Day		Month		Year													
7. Place of Birth ( <b>including District and State</b> )	<table border="1" style="width: 100%; height: 20px;"></table>																
8. Age on the last date of receipt of application as stated in the advertisement:	<table border="1" style="width: 100%; height: 40px;"> <tr> <td style="width: 20%;"></td><td style="width: 20%;"></td><td style="width: 20%;"></td><td style="width: 20%;"></td><td style="width: 20%;"></td><td style="width: 20%;"></td> </tr> <tr> <td colspan="2">Years</td> <td colspan="2">Month(s)</td> <td colspan="2">Day(s)</td> </tr> </table>							Years		Month(s)		Day(s)					
Years		Month(s)		Day(s)													
9. Are you a citizen of India? Write YES or NO	<table border="1" style="width: 100%; height: 30px;"></table>																
10. (a) Do you belong to Scheduled Caste / Scheduled Tribe / Other Backward Classes / Persons with Disability / Ex-Serviceman? Write SC/ST/OBC/PWD/Ex-serviceman as the case may be:	<table border="1" style="width: 100%; height: 40px;"> <tr> <td style="width: 16.6%;">SC</td><td style="width: 16.6%;">ST</td><td style="width: 16.6%;">OBC</td><td style="width: 16.6%;">PWD</td><td style="width: 16.6%;">Ex-Serviceman</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td> </tr> </table>	SC	ST	OBC	PWD	Ex-Serviceman											
SC	ST	OBC	PWD	Ex-Serviceman													
(b) If none, write NONE in the box:	<table border="1" style="width: 100%; height: 30px;"></table>																
(c) If you belong to PWD (Persons with Disability), then state the nature of disability as OH (Orthopaedically Handicapped), VH (Visually Handicapped) or HH (Hearing handicapped):	<table border="1" style="width: 100%; height: 40px;"> <tr> <td style="width: 33.3%;">OH</td><td style="width: 33.3%;">VH</td><td style="width: 33.3%;">HH</td> </tr> <tr> <td></td><td></td><td></td> </tr> </table>	OH	VH	HH													
OH	VH	HH															
11. Religion:	<table border="1" style="width: 100%; height: 20px;"></table>																
12. *If appointed, what notice / how much time would you require for joining the post? (* May not be considered as binding)	<table border="1" style="width: 100%; height: 30px;"></table>																

I hereby declare that I have carefully read and understood the instructions and particulars supplied to me 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.

Date:

Signature of the applicant

Place:

Name in full: .....



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## PART-B

### 1. Educational Qualification:

Sl. No.	Examinations Passed	Year of the examination	Class / Division / Distinction	% of Marks obtained	Subject(s) (mention field of specialisation / major, if any)	Name of the Board / University / Institution
1.	10 <sup>th</sup> Standard / H.S.L.C. Matriculation					
2.	10+2 Standard (PU / PD Intermediate)					
3.	Diploma, if applicable (Speci.....)					
4.	Bachelors' Degree (Speci.....)					
5.	Master's Degree (Speci.....)					
6.						
7.						

### 2. Other qualifications, if any (including NET / SLET / SET / GATE etc.):

Sl. No.	Degree / Diploma	Year of the examination	Division / Class	% of marks	Roll No. in case of NET / SLET / SET / GATE	Name of the Board / University / Institution
1.						
2.						

### 3. Details of past employment, if any:

Sl. No.	Organisation / Institution	Position held	Nature of duties / work	Date of joining	Date of leaving	Length of service	Pay scale	Additional remarks about experience, if any
1.								
2.								
3.								
4.								
5.								



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## 4. Present Occupation (if any):

- (i) Designation : \_\_\_\_\_
- (ii) Date of joining : \_\_\_\_\_
- (iii) Name of the Office/Institution : \_\_\_\_\_  
/Organisation with full address
- (iv) Scale of pay : \_\_\_\_\_
- (v) Present basic pay : \_\_\_\_\_
- (vi) Total emoluments drawn : \_\_\_\_\_
- (vii) Nature of duties : \_\_\_\_\_

## 5. Training programme(s) attended (if any):

Sl. No.	Name of the programme	Organized by	Duration	Period	
				From	To

## 6. References: *Please name two referees who are not related to you. If you are employed, one referee must be your employer.*

- (i) Name : \_\_\_\_\_
- Designation : \_\_\_\_\_
- Address : \_\_\_\_\_
- e-mail : \_\_\_\_\_
- Mobile/Phone No. with STD code : \_\_\_\_\_
- (ii) Name : \_\_\_\_\_
- Designation : \_\_\_\_\_
- Address : \_\_\_\_\_
- e-mail : \_\_\_\_\_
- Mobile/Phone No. with STD code : \_\_\_\_\_

## 7 (a) Details of enclosures sent with this application form:

- i) \_\_\_\_\_ ii) \_\_\_\_\_
- iii) \_\_\_\_\_ iv) \_\_\_\_\_
- v) \_\_\_\_\_ vi) \_\_\_\_\_
- vii) \_\_\_\_\_ viii) \_\_\_\_\_
- ix) \_\_\_\_\_ x) \_\_\_\_\_

## 7 (b) *List of publications, if any, may be attached as Annexure.*

## 8. Declaration:

I hereby declare that I have carefully read and understood the advertisement, instructions and particulars supplied to me 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.

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

Full signature of the applicant

Place: \_\_\_\_\_

Name in full: .....



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