

NATIONAL LAW UNIVERSITY ODISHA

APPLICATION FORM FOR THE POST OF PROGRAM ASSISTANT FOR MBA HEALTHCARE MANAGEMENT AND LAW COURSE

PART A: GENERAL INFORMATION AND ACADEMIC BACKGROUND
1. Name (in Block Letters):
2. Father's Name:
3. Mother's Name :
4. Date of Birth :
5. Gender:
6. Marital Status :
7. Nationality:
8. Category : SC ST GEN OTHER
9. Current Designation & Scale of Pay:
10. Address for correspondence (with pin code):
11. Permanent Address (with pin code):
12. Contact Number :
13. E-Mail :
14. Academic Qualifications :

Qualificat ion	Name of the Degree	Subjects	Name of the University/ Institution	Month & Date of Degree awarded	Percentage of Marks	Division
Graduation						
Post Graduation						
Other Profession al Degree						
Other						

15. Professional Experience (in reverse chronological order)

Designation	Name of	Nature of	Nature of Duties	Date of		Salary	Reason for leaving
	Employer	appointment (Regular/ Fixed term/Temporary/Adhoc)		Joining	oining Leaving With leaving Grade	with Grade	leaving

16. Fields of Specialization	nder the Subject/Discipline:
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- 17. Special contribution, recognition, Achievement or any other relevant information (Attach annexure):
 - 18. Computer and Software Knowledge/Skills:

Computer Knowledge/ Skills. Please specify details such as MS word, Power Point, Excel, Access, VB ++ etc. or any other	
Knowledge of Software. Please specify details such as knowledge of SPSS/SAS/"R" or any other	

19. OTHER RELEVANT INFORMATION

Please give details of any other significant contributions not included above.

Sr. No.	Details (Mention year, value etc., where relevant)

LIST OF ENCLOSURES: (Please attach, copies of certificates, sanction orders, papers etc. wherever necessary)

1	6	
2	7	
3	8	
4	9	
5	10	

Declaration

I certify that the information provided is correct as per records available with the University

and/or documents enclosed along with the duly filled proforma.				
	Signature of the Applicant Place:			
	Date:			