

NATIONAL LAW UNIVERSITY, ODISHA (established by Act 4 of 2008)

| | A | pplicatio | n Form | for N | Non - | Te | aching Positio | n | |
|--|--|-------------|--|--------|---|-----|-----------------------------|---|----------------------------|
| National Law University, Odisha Kathjodi Campus, Sector - 13, CDA, Cuttack - 753015, Ph: 0671-2338018 | | | | | Registration Number (For Office use Only) | | | Paste your recent, color, passport size photograph here | |
| *11 | Details of Bank payme | nt (Ontion | al Plea | aso ch | ock th | o r | elevant Adver | ticament) | |
| 2200 | | na, r tet | Name of the Bank | | | | Mileselvinisse sign | ng branch's name | |
| DD | rumber Date | rimount | amount | | Traine of the pa | | Dank | DD 133dii | ig oranen 3 name |
| | ding the information s get rejected. Name of the post app | | ow with | * syn | nbol a | re | compulsory. F | ailing whi | ch the application |
| 3. | Applicant's area of speci (Applicant's area of speci area of specialization noti | alization m | | o the | | | | | |
| Pers | onal Details | | | | | | | <i>(</i> 1) | |
| *4. | Name (in Capital Letters) | First N | ame | ne | | М | iddle Name | Surname | |
| *5. | Date of birth | Day | Month | 1 | Yea | r | Age as on da advertiseme | | |
| 6. | Place of birth | | | | | | | City / Vil | lage/State/Country |
| *7 | Email Id | | | | | | | | |
| *8. | Father's name | | | | | | | | |
| *9. | Mother's name | | | | | | | | |
| *10 | Nationality | | | | | | | | |
| *11 | Gender | Male / | Male / Female/Others | | | | | | |
| *12 | Community/Category | | Gen/SC / ST / OBC / Other Categories | | | | | | |
| 3 | applicable) | If other | If other category:- Give details | | | | | | |
| 13. | Marital status | a. b. | a. Married / Unmarried b. If married, name of spouse | | | | | | |
| | If physically disabled the relevant particular | rs | 1 1 1 1 1 1 1 1 1 | pplica | | | Percenta Disabilit | | S.No. of Proof enclosed |
| a. B | lindness or low vision: | | | | | | | | |
| b. H | earing impairment | | | | | | | | |
| pa | ocomotor disability or ollsy (includes all cases | of | | | | | | | |

| | Name of the course | Name of the Board / University | Month & Year passed | Division | % of Marks | CGPA (if grading is applicable) | Subjects studied | S.No. of proof enclosed |
|---------------------------------------|--------------------------|--------------------------------------|------------------------------|----------|---------------|--|---------------------|-------------------------------|
| | (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) |
| 10 th Class/ equivalent | | | | | | | | |
| 10+2 /equivalent | | | | | | | | |
| Bachelor's Degree | | | | | | | | |
| Master's Degree | | | | | | | | |
| Ph.D | | | | | | | | |
| Indicate spe has been aw | | hether Ph.D. de | egree | Yes / No | | | | |
| Any other Exams pass | ed | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| Name & address of employers | Period o | of Experier | ice | Nature of work/duties | S.No. of proof enclosed |
|--------------------------------|--------------|-------------|---|---|--|
| | From date | To date | No. of years /months (As on date of advertisement) | | |
| (b) | (c) | (d) | (e) | (f) | (g) |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | From | From To date date | From date To No. of years /months (As on date of advertisement) | From To No. of years date date /months (As on date of advertisement) |

| 17. Academic distinctions | S.No. of Proof enclosed | |
|------------------------------------|-------------------------------|--|
| Name of the Academic Course / Body | Academic distinction obtained | |
| | | |
| | | |
| | | |
| | | |

| Names & complete postal addresses | Referee – 1 | Referee-2 | Referee-3 |
|-----------------------------------|-------------|-----------|-----------|
| Email: Phone(Landline) | | | |
| with STD Code: | | | |
| Mobile Ph: | | | |

| Designation | Name of the University/ Institution | Basic Pay (Rs.) | Pay Scale (Rs.) | Gross Pay / Total Salary p.m. (Rs.) | Increment date (Date/Month) | S.No. of proof enclosed |
|-------------|---|--------------------|--------------------|--|--------------------------------|-------------------------------|
| | | | | | | |
| | | | | | | |

20. Any other information/ qualification relevant to the post applied for :

| | Mailing address | Permanent address | | | | | |
|--|--|---|--|--|--|--|--|
| Name | Walling address | Permanent address | | | | | |
| | | | | | | | |
| Complete Address with pin code | | | | | | | |
| Phone/Mobile No. (Landline with STD code) | | | | | | | |
| Email: | | | | | | | |
| | | | | | | | |
| 22. List of self atteste | ed testimonials attached (origina | al to be produced at the time of interview). | | | | | |
| | ones applicable | | | | | | |
| i. Matriculation ma | arksheet / certificate | | | | | | |
| ii. Intermediate(10 | +2)/equivalent marksheet / certific | ate | | | | | |
| | Batcher's Degree/equivalent. (Final) marksheet/ degree | | | | | | |
| Account of the State of the Sta | | | | | | | |
| Final marksheet/ degree of any other exams passed (e.g.M.B.A/C.A/C.S/I.C.W.A.I, etc.) | | | | | | | |
| | | | | | | | |
| vii. Caste Certificate | Caste Certificate issued by the Competent Authority (OBC/SC/ST/etc) | | | | | | |
| ii. Experience certificate | | | | | | | |
| ix. Recommendation | on letter(s) x. Award (s) / Fellows | ship (s) | | | | | |
| Total Number of abo | ove self attested testimonials | attached(in words) | | | | | |
| | | | | | | | |
| N.B. Applications withou entertained. | at the above self attested testimoni | ials (applicable to the candidate) will not be | | | | | |
| 23. Declaration | | | | | | | |
| | son/daughter of | | | | | | |
| the best of my knowled ineligibility being detect | he statements and entries made in dge and belief. In the event of a | n this application are true, complete and correct to any information being found false or incorrect of Committee and Executive Council meetings, my | | | | | |
| | | Signature of the applicant | | | | | |
| | | | | | | | |
| | | *Name as signed (in BLOCK LETTER *Application not signed by the candidate Liable to the rejected | | | | | |

24. Endorsement by the EMPLOYER

(The endorsement below is to be signed and forwarded by the Head of the Department / Employer of the organization / ionstitution in the case of the in-service candidate whether in permanent / contact or temporary capacity

| Forwarded to the National Law Universit 753015, Ph.:0671-2338018 | y, Odisha, Kathjodi Campus, Sector - 13, CDA, Cuttack |
|--|---|
| The applicant Dr./Mr./Mrs/Ms. | , who has submitted this |
| application for the post of | in the National Law University, Odisha has |
| been working in this organization namely _ | in the post of |
| | orary / contract / permanent capacity with effect from for Rs He/She is drawing |
| | is / Her next increment is due on |
| against the said applicant. There is no objecti University, Odisha. | on for his/her application being considered by the National Lav |
| | (Signature of the forwarding officer) |
| | Name: |
| | Designation: |
| Seal | Place : |
| | Date: |