

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

Application Form for Administrative Position										
Nati Braj Cutt Ph:		Registration Number (For Office use Only)			Only)	Paste your recent passport size photograph here				
	ertisement No . No									
1.	Name of the post applie	ed for								
2.	Applicant's area of special area of specialization notificersonal Details	cializatio	st be relevan							
4.	Name	First Na	ma		М	iddla	Name	Surname		
4.	(in Capital Letters)	THSt IN			IVI	iuuic	ranie	Surname		
5.	Date of birth	Day	Month	Yea	ır		Age as on date of advertisement			
6.	Place of birth	City / Village				State			Cou	ntry
7.	Father's name									
8.	Mother's name									
9.	Nationality									
10.	Gender	Male / Female / Other								
11.	Community/Category (delete the ones not applicable)	Gen/SC / ST / SEBC / PwD / Other Categories  If other category:- Give details								
12.	If physically disabled, the relevant particulars		icable,		Percentage of Disability		S.No Proo	of enclosed		
a. Blindness or low vision:				-			•			
b. Hearing impairment										
c. Locomotor disability or cerebral palsy (includes all cases of orthopaedically handicapped)										

	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>(b)</b>	(c)	( <b>d</b> )	(e)	<b>(f)</b>	<b>(g)</b>	( <b>h</b> )
10 <sup>th</sup> Class/equivalent								
10 + 2 /equivalent								
Bachelor's Degree								
Master Degree								
Ph.D.								
Indicate spe has been aw		hether Ph.D. do	egree	Yes / No				
Any other Exams passed		ubject/disciplin	e	Roll No		Year	Position	on/rank if

Designation & scale of	Name & address of	• • • • • • • • • • • • • • • • • • •	ce	Nature of work/duties	S.No. of	
a scale of pay	employers	From date	To date	No. of years /months (As on date of advertisement)	workduties	proof enclosed
(a)	(b)	(c)	(d)	(e)	<b>(f)</b>	(g)

15. Academic distinctions	S.No. of Proof enclosed	
Name of the Academic Course / Body		

16. References (Three)						
Names & complete postal addresses	Referee – 1	Referee-2	Referee-3			
Email:						
Phone(Landline) with STD Code:						
Mobile Ph:						
Fax:						

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. Candidate's Name &	Address for correspondence:			
Name	Mailing address		Permanent address	5
Name				_
Complete Address with pin code				
Email:	Phone No.	Mobile No	•	Fax No.
	(Landline with STD code)			
	testimonials attached (original es applicable	to be produ	uced at the time of	interview).
<ul> <li>Matriculation mark</li> <li>Intermediate mark</li> <li>B.A. / B.Sc. / B.Co</li> <li>M.A./ M.Sc. / M.Co</li> <li>M.Phil. degree (if a</li> <li>Ph.D. / D.Phil degree</li> <li>Caste Certificate</li></ul>	ssheet / certificate sheet / certificate m. (Final) marksheet/ degree om./ MBA (Final) marksheet/ deg applicable) ree (if applicable) issued by the Competent SEBCetc) eate	ree		
Total Number of above	e self attested testimonials	attached _	(	in words)
N.B. Applications without t entertained.	he above self attested testimonia	 als (applicab	le to the candidate) v	will not be

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

22. Declaration	
the best of my knowledge and belief. In the ever	er ofnade in this application are true, complete and correct to not of any information being found false or incorrect or ection Committee and Executive Council meetings, my University.
	Signature of the applicant
	*Name as signed (in BLOCK LETTER *Application not signed by the candidate Liable to the rejected
23. Endorsement by the EMPLOYER	
organization / institution in case of in-service car capacity)  Forwarded to the National Law University, Odish Ph.:0671-2121516  The applicant Dr./Mr./Mrs/Ms./Mz application for the post of in a temporary in the Scale of Pay for Rs a basic pay of Rs this / Her Further, it is certified that no disciplinary / vigilance	
	(Signature of the forwarding officer)  Name:
	Designation:
Seal	Place :
	Date: