

NATIONAL LAW UNIVERSITY ODISHA

APPLICATION FORM FOR THE POST OF PROJECT MANAGER

Project entitled: "Supporting Stronger and Evidence-Based Tobacco Control initiatives through Capacity Building and Strengthening Laws, Policies and Institutional Mechanisms with Multi-Stakeholder Engagement towards Tobacco-Free India"

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:

Qualifica tio n	Name of the Degree	Subjects	Name of the University/I nst itution	Month and Date of Degree awarded	Percenta ge of Marks	Division
Post Graduation						
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)		Duties	Joining	Leaving	with Grade	

16. Fields of Specialization under the Subject/Discipline:						
-	ial cont ach ann	e e	on, Achieven	nent or any other	relevant information	
Rese	earch (i	nd of Research an n years) n years)	d Teaching	experience in y	ears (If any) :	
		n Books, Articles uired):	etc. with ISS	SN No., Title an	d Year (Attach additional	
	S. No.	Name of Publication	Name of publish er	Date of Publication	Enclosures: Pl. mention page number of application form where proof is attached	
	1.					
	2.					
	3.					
	4.					
20. (Compu	ter and Software	Knowledge	e/Skills:		
S C F	Computer Knowledge/ Skills. Please specify details such as MS word, Power Point, Excel, Access, VB ++ etc. or any other					

_	ge of Software. Decify details Knowledge of "R" or any		
1. OTHER I	RELEVANT INF	PRMATION	
se give detai	ls of any other sid	nificant contributions no	ot included above
Sr. No.		ntion year, value etc., w	
OF ENCLOSU	RES: (Please attac	n, copies of certificates, s	sanction orders, papers etc.
ever necessa	ary)		
1		6	
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2			
		9	

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: