

APPLICATION FOR THE POST OF ASST. PROFESSOR/LIBRARIAN IN PROVINCIALISED COLLEGES

REF. ADVERTISEMENT NO.

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Space for photograph please paste a passport size photo here.

To, **The Principal i/c**, **Government Model College, Balipara** District **Sonitpur**

1.	Name of the College for which application submitted.	Government Model College, Balipara		
2.	Post for which application submitted.	Assistant. Professor (Roster Point)		
		Subject		
3.	Name of the Candidate in Block Capital letters			
4.	Name of Father/Mother/ Husband			
	 Tick the appropriate word in regard to relation. 	Relation 1.Father 2. Mother 3. Husband.		
5.	Category, tick the appropriate serial no.	1. General 2. OBC/MOBC 3. SC 4. STP		
		5. STH 6. Differently able (PwD).		
6.	Present Address of the candidate			
	Write your complete address With			
	PIN no			
7.	Permanent address , if permanent and Present address are same write "do"			
8.	Phone No. & WhatsApp no for contact			
9.	Your valid e-mail id which will be used for communication			
10	Card/Certificate (it is must)	Date of Birth /		
11	Are you employed? Where? state the organization and the post you hold there.			
12	Whether you are applying through NOC from the Present employer? Enclose NOC from Present Employer			
13	Educational Qualification	Please fill in the Annexure A of this application and attach it. Nothing to be stated here		
14	Teaching Experience in terms of number of years, please attach a certificate to this effect.			
15	Are you Proficient in Local Language? Tick the appropriate. column	Yes		
16				
17	Attach Your certificate for the Reserved category from appropriate authority			
18	Details of Application Fee paid. (Rs.1500/-)	DD No Date Bank Name		
Date	2			

Certificate: I certify that the particulars stated above are true and nothing has been concealed.

Annexure A

Details of Educational Qualifications.

Attach this annexure at the top of the testimonials just below the Application Form

With Photocopies. Give a serial no. on the copies and indicate the serial No. in the last column

	Particular	Name of	Year of	Division	Percentage	SI INo. Of the
		Name of Board/ University	Year of Passing	Division secured	Percentage of Marks obtained by you.	SI INo. Of the document in the bunch of document submitted by you. (give a serial no. to each document you submit)
1.	High School Leaving Certificate Examination					
2.	Higher Secondary Examination					
3.	BA/BSc /BCom. Examination					
4.	Masters					
5.	(a) Ph.D. (b) M. Phil		Date of Notification from the University	Not applicable	Not applicable	
6.	NET					
7.	SLET					
8	Other qualifications					

Details of Publications with ISBN/ISSN/Scopus/Web of Science etc.

2.

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3.

4.

5.

Teaching Experience.

SL	Name of the Institute	Fromto	Status of the Institute
		Specify period of teaching	Whether Affiliation from University received or not.
1.			
2			

Signature of the Candidate

NB : Fill up the Form legibly and use CAPITAL letters .

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