Pin code:

PASTE (Do not Pin or

Staple here). Paste recent passport size

Job Application Form Please read instructions carefully before filling the application

PLEASE FILL UP THE APPLICATION IN CAPITAL LETTERS IN OWN HANDWRITING

colour photograph of (All information is to be filled up in CAPITAL LETTERS) size 3.5 cm x 3.5 cm. The colour photograph Fields marked as * are compulsory should not be more than 3 months old. NAME OF POST APPLIED FOR*: Please put your signature **DETAILS OF CANDIDATE** across the form and the photograph 1. NAME OF CANDIDATE*: FIRST NAME: MIDDLE NAME: SURNAME: 2. FATHER'S NAME*: 3. MOTHER'S NAME*: 4. CATEGORY (TICK $\sqrt{}$)*: GENERAL ☐ SC ☐ ST (P) ☐ ST (H) ☐ OBC MOBC ___ 5. GENDER (TICK √)*: MALE FEMALE ____ 6. DATE OF BIRTH (DD/MM/YYYY)*: 7. AGE (as on 01-01-2018)*: Years Months Days 8. PERMANENT ADDRESS*: P.O.: P.S.: District: State: Pin Code: 9. ADDRESS FOR CORRESPONDENCE*: (If same as Permanent Address write "same as above") P.O.: P.S.: District:

State:

Assam State Urban Livelihoods Mission Society 2					
(Candidate can mention two mobile nos.)					

12. EDUCATIONAL QUALIFICATIONS*:

ACADEMIC	QUALIFICATION/ NAME OF COURSE	NAME OF SCHOOL/COLLEGE/INSTITUTE	UNIVERSITY/ BOARD	GRADE/ DIVISION	PERCENTAGE (%)
10 th /Matriculation					
12 th / Higher Secondary					
Graduation					
Post Graduation					
Any Other Qualification (M.Phil, Ph.D, etc.)					

13. PROFESSIONAL EXPERIENCE*:

Employment details (Post Qualification only) (Candidates may use extra sheets if required and may enclose as annexure)

				DURATION		
SI. No.	DESIGNATION	ORGANISATION	From (Date)	To (Date)	Total (in Months)	NATURE OF DUTIES
	TOTAL EXP	ERIENCE (in Year and	d Months) =			

14. TRAINING AND OTHER COURSES ATTENDED (If any):

SI.	NAME OF TRAINING / OTHER	NAME OF		DURATION	
No.	COURSE ATTENDED	INSTITUTE	From	То	Total (in Year & Months)

15. LANGUAGES KNOWN*: (PLEASE TICK √)

SI. No.	LANGUAGES	WRITING	READING	SPEAKING
	English			
1				
	Assamese			
2				
	Hindi			
3				

16. NAME AND ADDRESS OF TWO PERSONS FROM WHOM WE MAY SEEK REFERENCE ABOUT YOU*:

(The two persons must not be relatives of yours and must have interacted with you in a Professional and / or Academic capacity for more than 2 years)

SI. No.	NAME OF THE REFERENCE (PERSON)	DESIGNATION & ORGANISATION	ADDRESS	MOBILE NUMBER	Email - ID
1					
2					

17.	INFORMATION REGARDING COURT CASE (Write Yes/No): a) Have you ever been involved in any criminal case?	
	b) Have you ever been arrested/ prosecuted?	
	c) Have you ever been convicted by any court?	
	d) Is any case pending against you in court?	
	e) Is any case pending against you in Police Station?	
	f) Have you ever been debarred from appearing any Examination by Govt. of India/State Govt	

18. Preferred place of Posting

(Please refer to district wise place of posting as per instruction given in the website <u>www.nulmassam.in</u> and in newspaper advertisement. Also candidate forwarding application to a CMMU must mention their preferred place of posting i.e. names of all Urban Local Bodies under that CMMU where applied) **

a) Preference 1: _	
•	
b) Preference 2:	
, –	
c) Preference 3:	
, –	
d) Preference 4:	
,	
e) Preference 5: _	
•	
f) Preference 6: _	
g) Preference 7: _	

- 19. Details of PAN Card and valid address proof (self attested copy).
- 20. This application form should be submitted along with self attested copies of:

^{**} Applicable only for the post of Community Organiser in new Towns/ULBs under DAY-NULM, Assam in Phase - II implementation

a) proof of age, b) proof of educational qualifications (Mark sheets and Pass Certificates), c) work experience certificates, d) caste certificate (if any), and other relevant testimonials and documents (with self attestation)

DECLARATION

I, the undersigned, hereby certify that all the statements made by me in this application form are true and complete to the best of my knowledge and I belief that nothing has been concealed or suppressed. I also understand that in case, any of my statements are found untrue during any stage of recruitment, selection and thereafter, I shall be disqualified for the post applied for and I shall be liable for any penal action by ASULMS/Govt. of Assam.

Date:	Signature of the Candidate
Place:	
For Official Record	s Only
1. Application accepted / rejected:	
2. Reason for Rejection:	
3. Index No	
4. Date of Test/ Interview:	
Name, Signature and Seal of Screening Committee Members:	
Date:	
Signature & Seal of Chairperson, Selection Committee:	
Date:	