

Job Application Form

Please read instructions carefully before filling the application

**PLEASE FILL UP THE APPLICATION IN CAPITAL LETTERS IN OWN HANDWRITING
(All information is to be filled up in CAPITAL LETTERS)**

*Fields marked as * are compulsory*

NAME OF POST APPLIED FOR*:

DETAILS OF CANDIDATE

1. NAME OF CANDIDATE*:

FIRST NAME:

MIDDLE NAME:

SURNAME:

2. FATHER'S NAME*:

3. MOTHER'S NAME*:

4. CATEGORY (TICK √)*: 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.:													
<input type="text"/>														<input type="text"/>													
District:																											
<input type="text"/>																											
State:														Pin Code:													
<input type="text"/>														<input type="text"/>													

9. ADDRESS FOR CORRESPONDENCE*: (If same as Permanent Address write "same as above")

P.O.:														P.S.:													
<input type="text"/>														<input type="text"/>													
District:																											
<input type="text"/>																											
State:														Pin code:													
<input type="text"/>														<input type="text"/>													

PASTE (Do not Pin or Staple here). Paste recent passport size colour photograph of size 3.5 cm x 3.5 cm. The colour photograph should not be more than 3 months old.

Please put your signature across the form and the photograph

15. LANGUAGES KNOWN*: (PLEASE TICK ✓)

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

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)

Sl. 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 CMMU wise place(s) of posting as per instruction in Annexure- I given in the newspaper advertisement and also in the website: www.nulmassam.in. Also candidates forwarding applications to a CMMU must mention their place(s) of posting specific to that CMMU where applied as per the Annexure- I) **

- a) Preference 1: _____
- b) Preference 2: _____
- c) Preference 3: _____
- d) Preference 4: _____
- e) Preference 5: _____
- f) Preference 6: _____
- g) Preference 7: _____

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

18. Details of PAN Card and valid address proof (self attested copy).

19. This application form should be submitted along with self attested copies of:

- 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 believe 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:

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For Official Records 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: