

APPLICATION FORM
FOR THE POST OF ASSISTANT PROFESSOR IN PROVINCIALISED COLLEGES



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REF. ADVERTISEMENT NO.

Published in the on

To

The Principal
Tangla College, Tangla
Dist. Udalguri, BTAD, Assam – 784521

1	Post for which application submitted	
2	Subject for which application submitted	
3	Name of the Candidate in Block/Capital Letter	
4	Name of Father/Mother/Husband/Guardian	
5	Category (Gen/SC/STP/HTH/OBC/MOBC/ Differently able) <i>Attach your certificate for the Reserved Category from appropriate authority.</i>	
6	Present Address of the Candidate (for correspondence) <i>Write your complete address with PIN No.</i>	
7	Permanent Address of the Candidate (for correspondence) <i>Write your complete address with PIN No. (If same with column 7, write "Do")</i>	
8	Phone/Mobile No. for Contact	
9	Your Email id which will be used for communication	
10	Age of the Candidate as on 01/01/2022 (Attach a self attested copy of HSLC Admit Card)	
11	Are you employed? Where? State the organization and the post you hold there	Yes/No
	If yes, (a) Name of the Organisation where employed	
	(b) Address of the Organisation where employed	

	(c) Post you hold there	
12	Whether you are applying through NOC from the present employer? Enclose NOC from the 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 issued by the appropriate authority.	
15	Are you proficient in Local Language? (Yes/No)	
16	Are you Indian National? If so, how? Attach a certificate	
17	Are you a Resident of BTR area? If so, how? Attach a certificate	
18	Attach your certificate for the Reserved category from appropriate authority.	
19	Details of Application Fee paid	
	a. Demand Draft No. and Date	
	b. Amount in Rs.	

Certificate:

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

Date.....

Full Signature of the Candidate

Annexure A

Details of Educational Qualifications

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

With photocopies, give serial nos. on the copies of attachments and indicate the serial nos. in the
Column No. 7

Sl No	Particulars	Name of Board/University	Year of Passing	Division Secured	Percentage Marks Secured	Serial Nos. of Documents attached
1	2	3	4	5	6	7
01	HSLC Examination					
02	HSSLC Examination					
03	BA/BSc/BCom Examinations					
04	MA/MSc/MCom Examination					
			Date of Notification of Result	Not applicable	Not applicable	
06	M. Phil.					
07	Ph. D.					
08	NET					
09	SLET					
10	Other Qualifications					

Details of Chapters/Publications with ISSN/ISBN Nos.

Sl No	Name of Research paper Published	Name of Journals	Year of publication Vol. & No.	ISSN/ISBN	UGC recognized/Peer Reviewed
01					
02					
03					
04					
05					

NB. : If required you may attach additional sheet.

Teaching Experience:

Sl No	Name of the Institute	Period From to Specify period of teaching	Status of the Institute Affiliated to which University
01			
02			
03			

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

Signature of the Candidate