

ASSAM SKILL UNIVERSITY

APPLICATION FORM FOR TEACHING POSTS

(Direct Recruitment) FOR PROFESSOR AND ASSISTANT PROFESSOR

NB: Incomplete applications, applications without the application fees or without the signature are likely to be rejected.

ADVE	ERTISEMENT NO. & DATE:	POST NO.:
NAM	E OF THE POST APPLIED FOR:	
NAM	E OF THE SCHOOL:	
1.	Name in full (BLOCK LE	RS):
2.	Father/Spouse Name:	
3.	Permanent Address:	
	PI	Contact No
4.	Address for communication	
	PI	Contact No
5.	E-mail:	
6.		
	(Attested copy of H.S.L.C. (icate to be enclosed as a proof of the age)
7.	Age as on 01.01.2023-:	
0	Nationality	O. Com

M Phil					
PhD					
Others (please pecify)					
12. NET/SLET/GAT	ΓE etc. (Please en	nclose photocopie	es of documents, a	as appropriate):	
Name of the Test	Name of the organization	Month and year	Roll No.	Subject	Score, where applicable
3. Details of past se	ervices (<i>please st</i>	art from the recei	nt employment re	cord, keep addi	ing this (13) section
as per requireme	ent. Also required	art from the receid to enclose suppo		_	ing this (13) section
-	To: xxxx	*		_	ing this (13) section
as per requireme From: xxxx Institution/Employ	To: xxxx	*		_	ing this (13) section
as per requirements From: xxxx Institution/Employ Name	To: xxxx	*		_	ing this (13) section
From: xxxx Institution/Employ Name Position Held	To: xxxx	*		_	ing this (13) section

Board/University

Specialization/major/ focus area

of study (whichever applicable)

Percentage (%)

of Marks/Grade

Year of Passing

Examinations

Passed Graduation

Post-

Permanent/ Ad-Hoc	
(mark as applicable)	
Nature of Duties	
Remarks (if any)	

14. Participation and contribution in relevant areas in higher education

Particulars	Institution/ Organization	Area of specialization/focus area	Duration (in month)
Visiting Professor/Faculty			
Resource Person			
Others (please specify)			

15.	Publications: Books/ Book Chapters, Journal Articles (A list of scholarly publications in recognized
	professional and / or academic journals. PLEASE MENTION ONLY THOSE PUBLICATIONS
	WHICH ARE RELEVANT TO THE POST APPLIED FOR):

Total Publications :.....(entire career)....(in the last 5 years)

Sr. No	Publication Title	Nature of Publication (Book/Book Chapter/Journal/Article)	Theme/ focus area	Month and Year of Publication
1				
2				
3				

(Separate Sheet may be attached if necessary)

Proof of publications required to be enclosed.

- 16. Participation and scholarly presentations in conferences/ seminars/symposia (Numbers):
 - a. National:

(ii) International:

PLEASE MENTION ONLY THOSE CONFERENCES/SEMINARS/SYMPOSIA WHICH ARE RELEVANT TO THE POST APPLIED FOR

(Detailed list required to be attached)

17. Details of conferences/seminars/symposia/workshop/training courses organized as convener/ organizing secretary/chairperson etc. PLEASE MENTION ONLY THOSE DETAIL WHICH ARE RELEVANT TO THE POST APPLIED FOR

Sl. No.	Title of the event	Duration (from & to)	Venue	Total participants	Approximate expenditure	Funding agencies

18. Research Projects (as Principal Investigator or Co-Principal Investigator)

Sl. No.	Title of the project	Nature of project	Funding agency	Project Duration (from & to)	Total grant (Rupees)

19. Honours / Awards & Fellowships won for outstanding work:

Sl. No.	Name of Award/ Fellowship etc.	Elected/ Honorary Fellow	Awarded by	Year of Award			
	Research Scholars successful		,				
Sl. No.	Title of Ro		te of Award				
Names	of two referees not related to	the applicant:					
Name	:	Na	me:				
Dept./	Designation:	De	pt./ Designation:				
Addre	ss:	Ad	dress:				
PIN:		PIN	٧:				
Conta	ct No.:	Contact No.:					
Email	id:	Em	Email id:				
Any ad	lditional information that the	candidate may wish to	provide				
				•••••			
Declar	ation:						
I hereby declare that I have carefully read and understood the instructions and regulations referred her							
in and that all the statements made in this application are true and complete to the best of my knowledge							
and be	and belief. I understand that the competent authority can take appropriate action against me in case an						
of the	of the information is found to be incorrect at any stage.						
		Signature of the a	pplicant:				
Dat	e:	Name in full:					
Plac	ce:	Designation/Depa	artment:				
		Address:					
		• • • • • • • • • • • • • • • • • • • •					

LIST OF ENCLOSURES

Details of certificates and other necessary d	ocuments list as per serial number of the form
1.	
2.	
3.	
4.	
5.	
	Signature of the applicant:
	Date:
NO O	BJECTION CERTIFICATE
This is to certify that	(Name of the institution/ organization) has no
Department/ Center	Designation
Head of the Institution/ organization:	
Signature & seal :	
Date:	