		Assam State Urban Livelihoods Miss	ion Society 1					
Please rea		lication Form efully before filling the application	PASTE (Do not Pin or Staple here). Paste					
PLEASE FILL UP THE APPLIC (All information is to be filled <i>Fields marked as * are compo</i>	up in CAPITAL LET	LETTERS IN OWN HANDWRITING TERS)	recent passport size colour photograph of size 3.5 cm x 3.5 cm. The colour photograph should not be more					
NAME OF POST APPLIED FO	PR*:		than 3 months old.					
DETAILS OF CANDIDATE			Please put your signature across the form and the					
1. NAME OF CANDIDATE*:			photograph					
FIRST NAME:								
MIDDLE NAME:								
SURNAME:								
2. FATHER'S NAME*:								
3. MOTHER'S NAME*:								
4. CATEGORY (TICK $$)*:		C 🔲 ST (P) 🗌 ST (H) 🗌 OBC 🗔	мовс 🖂					
5. GENDER (TICK $$)*: MALE	E FEMAL	E						
6. DATE OF BIRTH (DD/MM/Y	YYY)*:							
7. AGE (as on 01-01-2018)*:	Years M	onths Days						
8. PERMANENT ADDRESS*:								
P.O.:		P.S.:						
P.O		F.S						
District:								
State:		Pin Code						
9. ADDRESS FOR CORRESP	ONDENCE*: (If same	e as Permanent Address write "same as	above")					
		P.S.:						
P.O.:								
P.O.: District:								
District:								
		Pin code						

		Assam State Urban Livelihoods Mission Society 2				
10. CONTACT NUMBER*:						
(Candidate can mention two mobile nos.)						
11. E-MAIL ID*:						
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 EXPERIENCE (in Year and 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 $\sqrt{}$)

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. 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 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:
