



NATIONAL LAW SCHOOL OF INDIA UNIVERSITY
BANGALORE-560 072

APPLICATION FORM

| | | | | | | |
|---|--|---|---------------------|---|---|--|
| National Law School of India University PB No. 7201, Nagarbhavi Bengaluru - 560 072 Ph: 080-23160532/33/35 | | Registration Number (For Office Use only) <hr/> | | Affix recent Passport size photograph with signature | | |
| Details of payment | | | | | | |
| DD Number | DD Date | Amount | Name of the Bank | DD issuing Branch's name | | |
| | | | | | | |
| | | | | | | |
| 1 | Name of the post applied for | | | | | |
| 2 | Applicant's area of specialization (Applicant's area of specialization must be relevant to the area of specialization notified in the advertisement) | | | | | |
| Personal Details | | | | | | |
| 3 | Name (in Capital Letters) | | | | | |
| 4 | Date of birth | Day | Month | Year | Age as on date of advertise ment | |
| | | | | | | |
| 5 | Place of birth | Village/City/State/Country | | | | |
| 6 | Email ID | | | | | |
| 7 | Father's Name | | | | | |
| 8 | Mother's Name | | | | | |

| | | | | | | |
|---|--|---|--------------------------|-------------------------|-----------------------|-------------------------|
| 9 | Nationality | | | | | |
| 10 | Gender | Male/Female/Others | | | | |
| 11 | Community/Category | Gen/SC/ST/OBC/PWD/Other Categories Give Details | | | | |
| 12 | Marital Status | a. Married/Unmarried b. If Married, name of Spouse | | | | |
| 13 | If physically disabled, indicate the relevant particulars | If applicable, write 'Yes' | Percentage of disability | S.No. of Proof enclosed | | |
| a. | Blindness or low vision | | | | | |
| b. | Hearing impairment | | | | | |
| c. | Locomotor disability or cerebral palsy (includes all cases of orthopaedically handicapped) | | | | | |
| 14. Qualifications | | | | | | |
| | Examination passed | Board/University | Year of Passing | % of marks | Division/Grade | Subjects studied |
| | S.S.L.C | | | | | |
| | 10+2/equivalent | | | | | |
| | B.A./B.Sc./B.Com/ B.A.LL.B. | | | | | |
| | LL.B | | | | | |
| | LL.M. | | | | | |
| | M.Phil | | | | | |
| | Ph.D. | | | | | |
| | D.Sc./D.Litt. | | | | | |
| | Other qualifications | | | | | |
| Indicate specifically whether Ph.D. degree has been awarded | | | | Yes/No | | |
| | JRF/NET | Subject | Roll No. | Year | Position | |
| | | | | | | |
| | Any other Exams passed | | | | | |
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| 15 | Chronological list of experience (starting with current position/employment) | | | | | |
|----------------------------|--|----------------------|---------|--|-----------------------|-------------------------|
| Designation & scale of pay | Name & address of employers | Period of Experience | | | Nature of work/duties | S.No. of proof enclosed |
| | | From date | To date | No. of years / moment (as on date of advertisements) | | |
| (a) | (b) | (c) | (d) | (e) | (f) | (g) |
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| 16. Academic distinctions | | |
|----------------------------------|-------------------------------|-------------------------|
| Name of the Academic Course/Body | Academic distinction obtained | S.No. of Proof enclosed |
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| 17. References (Two) | | |
|-----------------------------------|-------------|-------------|
| Names & complete postal addresses | Referee - 1 | Referee - 2 |
| | | |
| Email: | | |
| Phone (Landline with STD code): | | |
| Mobile no. | | |
| Fax: | | |

| 18. Present position | | | | | | |
|----------------------|------------------------------------|------------------|--------------------|------------------------------------|------------------------------|-------------------------|
| Designation | Name of the University/Institution | Basic pay | Pay Scale | Gross pay / Total Salary per month | Increment date (date/ Month) | S.No. of proof enclosed |
| | | | | | | |
| 19. | | | | | | |
| a. | Research Experience | | | | | |
| | Duration | | | | | |
| | Organization | | | | | |
| | Area(s) | | | | | |
| b. | Thesis Supervision | | | | | |
| Sl. No. | Name | Organisation | Year of Completion | Title of Thesis | Co-guide (if any) | |
| | | | | | | |
| C. | Sponsored Projects | | | | | |
| Period | Sponsoring Organization | Title of Project | Amount of Grant | Co-investigators (if any) | | |
| | | | | | | |

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|----|---------------|---------------------|--|
| d. | Consultancy | | |
| | Period | Organization | Title of Project and nature of work |
| | | | Co-investigators (if any) |

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| e. | Additional Administrative Experience | | |
| | Period | Organization | Position held |
| | | | |

20. PUBLICATIONS (enclosed reprints of the best papers) in your Judgement

| | | | | |
|----------------|--|-------------|--------------|--------------------------------------|
| a. | Papers in referred Journals (list those Published and Accepted separately) | | | |
| Sl. No. | Name(s) of the Author(s) | Year | Title | Complete Reference of Journal |
| | | | | |

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|----------------|--|-------------|--------------|--------------------------------------|
| b. | Papers published in conference proceedings | | | |
| Sl. No. | Name(s) of the Author(s) | Year | Title | Complete Reference of Journal |
| | | | | |

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|--------------------------------------|--|-----------------------------|---------------------------|------------------|
| c. | Papers presented in Conferences but not published | | | |
| Sl. No. | Name(s) of the Author(s) | Year | Name of conference | Place |
| | | | | |
| d. | Books (List those Published and In-Press separately) | | | |
| Sl. No. | Name(s) of the Author(s) | Year | Title | Publisher |
| | | | | |
| e. | Awards and Recognition | | | |
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| 21. | Membership of Professional/Academic Bodies | | | |
| Name of the Body with address | | Nature of Membership | Period | |
| | | | From | To |
| | | | | |

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| 22. | Any other information/qualification relevant to the post applied for |
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|-----|--|-------------------------------|---------------------------------|
| 23. | Candidate's Name & Address for correspondence | | |
| | Name | Mailing Address with pin code | Permanent Address with pin code |
| | | | |
| | Phone no./Mobile no. (Landline with STD code) | | |
| | Email: | | |

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| 24. | Any other information which has not been covered under the above heads |
| | |

DECLARATION

CERTIFIED that:-

- a. The information given herein above is complete and correct
- b. No disciplinary proceeding is pending or contemplated against me
- c. I have never been dismissed from service nor debarred from holding any future appointment nor convicted for any offence. No Criminal case is pending against me
- d. In case of concealment/suppression of fact(s), which may be detected at any stage in future, my candidature is liable to be cancelled/terminated, as the case may be, without notice.

Date:

Signature of the applicant

ENDORSEMENT BY THE PRESENT EMPLOYER

Name of the Forwarding Authority

Date:

Signature of the Forwarding
Authority with seal)

List of self attested testimonials attached (original to be produced at the time of interview)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.