

H.Q.: DD-26, Salt Lake City, Sector – I, Kolkata – 700064 Phone: 033 4066 3220, TELEFAX: 033 4066 3225

Website: www.wbnsou.ac.in

Bank & Branch Name :		
For Rs		Paste a passport size photograph
DD No. & Date:		here
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APPLICATION FORMAT FOR OFFICER POST(S)

				(10 be	submitted in du	plicate)		
Advertisement No.:					Date:			
1.	P	ost (Name a	nd Serial No.)	:				
2.	S	cale of pay:						
3.	A	pplicants Na	ame:					
	(IN	BLOCK L	ETTERS) Fi	rst Name	Midd	lle Name	Last Name	
4.	F	ather's/ Moth	ner's Name:					
5.	D	ate of Birth	(DD/MM/YY	YY):				
6.	P	ermanent Ac	ldress:					
7. 8. 9.	P	hone No. (La	andline/ Mobi	le):				
10.								
11.	G	ender:						
12.	M	Iarital Status	(Please tick)	Married	Unmarried □			
13.	A	pplicant's M	other Tongue	:				
14.	О	ther languag	ges the applica	nt can speak / w	vrite / read:			
15.	a) Category o	of the candidat	te belongs to (Pl	ease tick ✓):			
		GEN	SC	ST	OBC-A	OBC-B	PH	

(Please enclose copy of the relevant documents except UR)



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b) Category of post for which candidate is applying (Please tick ✓):

UR	SC	ST	OBC-A	OBC-B	РН

16. Qualified for (Please tick), if any:

NET	SLET/SET	GATE	NONE

Sl.	Examination Passed	Year	Board / Council /	Percentage of	Grades/ divisions /
No.			University	marks	distinctions awarded
			, and the second		



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18. Particulars of experience in reverse chronological order (starting from present employment): (Use the tabular format below. Attach separate sheet if required.)

Name of	Post Held*	Scale of pay or Pay Band & Grade Pay	Duration		Last emoluments	Reason for leaving
Organization/ Institution			From	То	drawn	iou (mg

^{*} Mention whether the appointment is full-time or part-time basis.

- 19. Specify additional qualifications / experience (IT, Sports, NCC, NSS, Music, Literary and Social Activities etc.), if any:
- 20. Experience in working in distance education system:
- 21. Additional information if any:
- 22. Notice required to join if selected:



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Date Note:		Signature of the Applicant	
Date		Signature of the Applicant	
25.	evidence for each information will be produced as and	rect to the best of my knowledge and original documentar d when required. Should any of the information / documen pointment is liable to be terminated at any period of time.	-
24.	No. of documents attached:		
		2.	
	Name and address with mobile no. of two referees: (other than the present employer)	1.	
23.			