

NATIONAL JUDICIAL ACADEMY

P.O. Surajnagar, Bhadbhada Road,

Bhopal (M.P.) - 462 044.

☎ 0755 - 2432500

<u>Application Format</u>	Paste Self Attested Recent Passport Size Photograph
----------------------------------	--------------------------------------------------------------

- 1) Post applied for (in Capital Letters) : _____
- 2) Name (in Capital Letters) : _____
- 3) Father's Name /Husband's Name/ : _____
- 4) Mother's Name : _____
- 5) Gender : _____
- 6) Date of Birth (in figure) : _____
(In words) : _____
- 7) Mailing Address : _____

- 8) Permanent Address : _____

- 9) Phone No. with Area Code : _____
- 10) Mobile Number : _____
- 11) Email ID : _____
- 12) Marital Status : _____
- 13) Religion : _____
- 14) Nationality : _____
- 15) Category (General / OBC /SC / ST) : _____
- 16) Physically Challenged : _____
- 17) Do you belong to minority : _____

Contd.....2

18) a) Nature of employment applied for : Contract Deputation
* put tick mark in appropriate box
 : Re-employment

b) Substantive pay scale
 (In case of Deputation).

19) Educational Qualification :

Name of Examination Passed	University / Board	Year of Passing	Duration of Course	Subjects / Area of Specialization	Division / % of Marks

20) Experience :

Name of the Organisation and Type of Organisation (Govt. / Semi Govt. / PSU / Autonomous / Private)	Designation	Period		Scale of Pay / Gross Salary	Nature of Job
		From	To		

21) Any Special Attribute / Information (if any) : _____

22) Whether applied earlier, if so give details : _____

Declaration

I hereby declare that all the statements made in this application are true complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or in correct at any stage, my candidature / appointment shall be liable to be cancelled / terminated summarily without notice or any compensation in lieu thereof.

I also affirm that NOC from the present employer for applying for the post has been applied for / taken.

Place :

Date :

(Signature of Applicant)

**Counter Signature of Controlling Officer
(In case of application for Deputation)**