

राष्ट्रीय खेल विश्वविद्यालय, इम्फाल, मणिपुर

(केन्द्रीय विश्वविद्यालय)





NATIONAL SPORTS UNIVERSITY, IMPHAL, MANIPUR

(A Central University) Government of India, Ministry of Youth Affairs and Sports

APPLICATION FORM FOR CONTRACTUAL FACULTY

(Use separate form for each post & to be filled in English)

To be filled in by the Applicant	
Advt. No Dated	Affix passport
Category: UR OBC EWS SC ST	photograph
Name of the Post applied for	
Fee Amount Paid Transaction No	
1. Name of the applicant :	
(in block letters)	
2. Father's name :	
3. Mother's name :	
4. Date of Birth :	
5. Sex (strike out which is not applicable) : Male/Female	
6. Address for correspondence : (with PIN CODE)	
Telephone number & E-mail ID :	
7. Permanent address : (With PIN CODE)	
8. Educational Qualifications (Beginning from HSLC, please attach attested copies of certificates & mark she	ets in the same order

Examinations passed	Board/ University	Year	% of marks	Div.	Subjects	Distinction achieved

Convert the Grade points to percentage of marks):

		on in NET or e		alent Te	st/Exaı		1	1 1			**			
SI.No. Na	Sl.No. Name of the test/Exam					Co	nducted	i by			Ye	ar of (Qualifi	cation
). Teachi	ng/P	rofessional/En	nploy	ment E	xperier	nce ((Startin _s	g fron	n curre	nt posit	ion)			
Name of the		rofessional/En Post held	L	ast basi	c pay	Per	riod	g fron		nt posit			e of as	signmer
	cate vt./		L dı		c pay	Per	riod	g fron	n currer	nt posit			e of as	signmer
Name of the employer (Please indi- whether Go Quasi Govt. Autonomou	cate vt./		L dı	ast basi rawn w	c pay	Per	riod	g from		nt posit			e of as	signmer
Name of the employer (Please indi- whether Go Quasi Govt. Autonomou	cate vt./		L dı	ast basi rawn w	c pay	Per	riod	g fron		nt posit			e of as	signmer

14.

If YES, please furnish details

Aadhar No.

13.

15. No. of enclosures submitted with the approximation of the submitted with the submitte	pplication:
Certificate of A	uthenticity
I certify that the foregoing information is correct	ct and complete in all respect to the best of my knowledge and
belief. If any information is found incorrect/w.	rong, I shall be liable to action as decided by the University
authority. I am not aware of any circumstance	s, which may impair my fitness for employment in National
Sports University, Manipur.	
Date:	
	Full signature of the Applicant
Place:	