राष्ट्रीय खेल विश्वविद्यालय, इम्फाल, मणिपुर
NATIONAL SPORTS UNIVERSITY, IMPHAL, MANIPUR
(A Central University)
(Government of India, Ministry of Youth Affairs and Sports)

APPLICATION FORM FOR CONTRACTUAL NON-TEACHING POSTS

Affix Recent self-attested Passport Photograph

(To be filled by candidates)

Details of payment of Application fee:

Transaction ID	Bank Name	Branch Name	Amount (₹)

1. a) Advertisement No. : ______________________

   b) Post applied for : ______________________

2. Full name of the candidate (in block letters) : ______________________

3. Date of Birth : ______________________

4. Father's Name : ______________________

   Mother's Name : ______________________

5. Nationality : ______________________

6. Religion : ______________________

7. Present Postal Address (in block letters) : ______________________

   ____

   ____

8. Permanent Address (in block letters) : ______________________

   ____

9. Tel.No.Landline (with STD code) : _____
   Mobile No. _____

10. Email ID : _____

11. Whether belongs to SC/ST/OBC/PH : _____

12. Languages known (Read, Write & Speak) : _____
    _____
    _____

13. Details of Present Employment:

Designation:	Name of Employer and contact number	Name of Organization and Address	PayScale	Basic Pay	Total Emolument

14. Educational qualifications (Starting with the highest degree to matriculation)

Degree awarded/ Examination Passed	Duration	University/ Board	Year of Passing	Percentage of marks obtained /CGPA	Subject/ Specialization

15. Scholarships & Fellowship Won with Details (if any):

16. Any position of authority held or distinction (other than scholarships) gained at school colleges including extra-curricular activities:

17. Work Experience: (Starting from Present -Employment)

Sl. No.	Name of Employer And Address	Designation	From	To	Salary Details	Nature of work/duties	Reason for leaving

18. Training /Project undertaken (if any):

19. Period required for joining the post, if selected: _____

20. Any other relevant information you may like to furnish:(Attach separate sheets)

21. Outreach activity if any: _____

22. References: (Responsible persons, not related to the applicant but closely acquainted with academic and professional work)

Sl. No.	Name and Designation	Address
1)		Phone : E-Mail : Fax :
2)		Phone : E-Mail : Fax :

23. List of Enclosures

1)		7)	
2)		8)	
3)		9)	
4)		10)	
5)		11)	
6)		12)	

Declaration:

I hereby understand that the information furnished above is true to the best of my knowledge and belief. I understand, if at any time, it is found that I have concealed any information or have given any incorrect data, my candidature/appointment may be cancelled /terminated without any notice or compensation.

Place _____

Date _____ (Signature of the Candidate)

FORWARDED

(To be filled by the present employer)

Date: _____

Place: _____

Signature of the Forwarding Authority:

Name _____

Designation _____

Office Seal _____