**Adikabi Sarala Das Chair of Odia Studies**

Centre of Indian Language (CIL),

School of Language, Literature & Culture Studies (SLL&CS)

Jawaharlal Nehru University

**APPLICATION FORM**

Affix a recent coloured passport size photograph

THE CHAIR PROFESSOR  
Adikabi Sarala Das Chair of Odia Studies  
Centre of Indian Languages (CIL),  
School of Language, Literature & Culture Studies (SLL&CS),  
Jawaharlal Nehru University,  
New Delhi 110 067

Post Applied for : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name (in Capital Letters): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth(DD-MM-YYYY) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Category (Gen/SC/ST/OBC) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone with std code/Mob. No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email ID : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Educational Qualification (attach extra sheet if needed)

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| Sl. # | Examination(s) | Name of the Board/University | Percentage of marks | Subjects | Year of passing/Award |
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Experience if any (please mention any other information relevant to the post, and also attached allrelevant documents must be self-attested by the applicant).  
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I hereby verify that all the details given by me in the application form are true and correct to the best of my knowledge.

(Signature)

Place : \_ \_\_\_\_\_\_\_\_\_\_\_\_  
Date : \_\_\_\_\_\_\_\_\_\_\_\_\_