



# Aliah University

(A UGC, AICTE & INC approved autonomous Institution under the Department of Minority Affairs  
and Madrasah Education, Govt. of West Bengal)

Action Area-IIA/27 New Town, Kolkata- 700 156  
Ph: 033-23416476, Website: [www.aliah.ac.in](http://www.aliah.ac.in) e-mail: [nursing.aliah@gmail.com](mailto:nursing.aliah@gmail.com)

(Employment Notification: AU/Apptt.-38/2017 dated 30.10.2017)

## Application Form for the post of Nursing Tutor for the Department of Nursing (Purely temporary on contractual basis)

To  
The Registrar,  
Aliah University,  
Action Area-IIA/27 New Town, Kolkata- 700 156

Affix recent  
passport-size  
photograph.

Sir,  
I, hereby apply for the purely temporary position of .....in Nursing on contractual basis in  
response to your advertisement no.....dated.....The requisite particulars are  
given below in the prescribed format.

Yours faithfully,

Date.....  
.....  
(Signature of the Applicant)

### BIO-DATA

1. Name in full (in block letters):  
MR./MISS./MRS.,.....
2. Address for communication (in block letters) with pin code:  
.....  
.....  
..... Phone No.....  
Mobile No.....E-Mail address.....
3. Permanent address:  
.....

.....

.....

4. Date of birth (as per Secondary or Equivalent Certificate):

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D    D    M    M    Y    Y    Y    Y

5. Name of Father & Mother:

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6. Nationality:

7. Category: Gen. / OBC /SC / ST / PD (Please tick)

8. Marital Status: (a) Single/Married (Please tick.) (b) Name of spouse: .....

9. Educational Qualifications:

Examination Passed	Board/Council/ University	Year of Passing	Class/ Div	% of Marks/ Grade	Subjects Studied	Any other Information
10 <sup>th</sup> Standard						
12 <sup>th</sup> Standard						
B.Sc.(N) / P.B.B.Sc. (N)						
M.Sc. (N)						
Any other Degree or Qualification						

10. Details of employment in chronological order (break, if any, should be explained):

Name of Organisation /Institution	Position held (Permanent/ Temporary)	From	To	Length of Service	Scale of Pay & Pay drawn	Remarks, if any

11. Total Professional experience:.....

12. Additional information, if any:.....

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I certify that the above statements are true to the best of my knowledge and belief. I accept that in case any of the information is found to be incorrect or in case there is any suppression of fact, the application is liable to be rejected.

Date:

Place:

.....  
(Signature of the Applicant)