



TEZPUR UNIVERSITY

(A Central University)
Tezpur – 784 028 (ASSAM)

ADVERTISEMENT NO. 06 / 2023

Applications (through e-mail only) in *prescribed format* are invited from eligible candidates for a post of **Office Assistant** on contract basis under the **Centre for Distance and Online Education (CDOE)**. Details of the advertisement, other terms and conditions are available in the University website www.tezu.ernet.in. **Last date** for submission of filled-in applications through **e-mail (to cdoedirector@tezu.ernet.in)** is **24.03.2023** (Till 05.00 PM, IST).


Registrar

Memo No.F.01-03/XVII(E)

Date: 15.03.2023

Copy to:

1. Pro Vice Chancellor, Tezpur University, for information.
2. Dean of Academic Affairs, Tezpur University.
3. Controller of Examinations, Tezpur University.
4. Director, Centre for Distance and Online Education, Tezpur University.
5. Finance Officer, Tezpur University, for information.
6. Secretary to the Vice-Chancellor, Tezpur University, for kind information of the Vice Chancellor.
7. Vigilance Officer, Tezpur University.
8. Joint Registrar (Admin) / Assistant Registrar (Establishment) / PRIO, Tezpur University.
9. Webmaster, Tezpur University, with a request to float the advertisement and other details attached herewith in the University Website.
10. Tezpur University Notice Boards / Concerned files.


Registrar
Tezpur University



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ADVERTISEMENT NO. 06 / 2023

Applications (through e-mail only) in *prescribed format (given below)* are invited from eligible candidates for the following post on **contractual basis under the entre for Distance and Online Education (CDOE)**:

| Post & No. of posts | Essential qualification and other requirements | Emoluments |
|-----------------------|---|----------------------------------|
| Office Assistant (01) | Essential: 1. Graduation in any discipline. 2. Strong working knowledge in computer operations and multimedia. Desirable: Knowledge in accounting. | Rs. 18,000/- P.M. (Fixed) |

Duration of engagement: For a period of 11 months. May be re-engaged for further period on satisfactory performance and subject to future requirement.

Age limit: 21-32 years on the last date of submission of application. Relaxation as per rules.

Last date of submission of application (through e-mail): **24.03.2023** (05.00 PM, IST)

Date & Time of Skill Test / Screening Test (if required) will be intimated separately through the registered e-mail ID.

The appointment will be purely on contract basis.

Interested candidates are to **submit** their **applications as given in Annexure-I along with other supporting documents** by e-mail to cdoedirector@tezu.ernet.in) with the subject line **“APPLICATION for Office Assistant against Advt. No. 06/2023”**.

As personal interview for this level of posts has been discontinued, the candidate will be selected on the basis of a written test, the modalities of which are as given below:

| | | |
|----------------------|---|-----------|
| 1. General Awareness | - | 20 Marks |
| 2. English language | - | 25 Marks |
| 3. Numerical Ability | - | 25 Marks |
| 4. Computing | - | 30 Marks |
| Total | - | 100 Marks |

TA/DA etc. will not be admissible for attending the Skill Test / Screening Test.

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Annexure-I

PART-A (Brief Particulars of Applicant)

1. (a) Advertisement No. and Date:
 (b) Post applied for:
 (c) Post Sl. No. as per the Advertisement:

2. Name in full (in CAPITAL letters):
 (Please **underline the surname**)

3. Father's/Mother's/Spouse's Name:

4. (a) Marital Status: (b) Gender: (c) Blood Group

5. (a) Correspondence address (in CAPITAL letters): (b) Permanent address (in CAPITAL letters):

| | | | |
|---------------|--|-------------------------|-------------|
| (c) Phone No. | | Land line (with STD) | (d) e-mail: |
| | | Mobile | |

6. Date of Birth (as per Christian era):
 Day Month Year

7. Place of Birth (**including District and State**)

8. Age on the last date of receipt of application as stated in the advertisement:
 Years Month(s) Day(s)

9. Are you a citizen of India? Write YES or NO

10. (a) Do you belong to Scheduled Caste / Scheduled Tribe / Other Backward Classes / Persons with Disability / Ex-Serviceman?
- | SC | ST | OBC | PWD | Ex-Serviceman |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Write SC/ST/OBC/PWD/Ex-serviceman as the case may be:

- (b) If none, write NONE in the box:

- (c) If you belong to PWD (Persons with Disability), then state the nature of disability as OH (Orthopaedically Handicapped), VH (Visually Handicapped) or HH (Hearing handicapped):
- | OH | VH | HH |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

11. Religion:

12. *If appointed, what notice / how much time would you require for joining the post?

(* May not be considered as binding)

I hereby declare that I have carefully read and understood the instructions and particulars supplied to me and that all the statements made in this application are true and complete to the best of my knowledge and belief. I understand that the competent authority can take appropriate action against me in case any of the information is found to be incorrect at any stage.

Date:

Signature of the applicant

Place:

Name in full:



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PART-B

1. Educational Qualification:

| Sl. No. | Examinations Passed | Year of the examination | Class / Division / Distinction | % of Marks obtained | Subject(s) (mention field of specialisation / major, if any) | Name of the Board / University / Institution |
|---------|--|-------------------------|--------------------------------|---------------------|--|--|
| 1. | 10 th Standard / H.S.L.C. / Matriculation | | | | | |
| 2. | 10+2 Standard (PU / PD / Intermediate) | | | | | |
| 3. | Diploma, if applicable (Specify) | | | | | |
| 4. | Bachelors' Degree (Specify) | | | | | |
| 5. | Master's Degree (Specify) | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |

2. Other qualifications, if any (including degree / diploma in music / dance / theatrical etc.):

| Sl. No. | Degree / Diploma | Year of the examination | Division / Class | % of marks | Name of the Board / University / Institution |
|---------|------------------|-------------------------|------------------|------------|--|
| 1. | | | | | |
| 2. | | | | | |

3. Details of past employment, if any:

| Sl. No. | Organisation / Institution | Position held | Nature of duties / work | Date of joining | Date of leaving | Length of service | Pay scale | Additional remarks about experience, if any |
|---------|----------------------------|---------------|-------------------------|-----------------|-----------------|-------------------|-----------|---|
| 1. | | | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| 4. | | | | | | | | |
| 5. | | | | | | | | |



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4. Present Occupation (if any):

- (i) Designation :
(ii) Date of joining :
(iii) Name of the Office/Instituti :
/Organisation with full address
(iv) Scale of pay :
(v) Present basic pay :
(vi) Total emoluments drawn :
(vii) Nature of duties :

5. Training programme(s) attended (if any):

| Sl. No. | Name of the programme | Organized by | Duration | Period | |
|---------|-----------------------|--------------|----------|--------|----|
| | | | | From | To |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

6. References: Please name two referees who are not related to you. If you are employed, one referee must be your employer.

- (i) Name :
Designation :
Address :

e-mail :
Mobile/Phone No. with STD code :
(ii) Name :
Designation :
Address :

e-mail :
Mobile/Phone No. with STD code :

7 (a) Details of enclosures sent with this application form:

- i) ii)
iii) iv)
v) vi)
vii) viii)
ix) x)

7 (b) List of publications, if any, may be attached as Annexure.

8. Declaration:

I hereby declare that I have carefully read and understood the advertisement, instructions and particulars supplied to me and that all the statements made in this application are true and complete to the best of my knowledge and belief. I understand that the competent authority can take appropriate action against me in case any of the information is found to be incorrect at any stage.

Date:

Full signature of the applicant

Place:

Name in full:
