#### THE NATIONAL UNIVERSITY OF ADVANCED LEGAL STUDIES (NUALS)

(Established by Act 27 of 2005 of the Kerala Legislature)

Kalamassery, Kochi, Kerala, Pin – 683 503 Ph: 0484-2555990, Tele-Fax: 0484-2555992 E-mail: vc@nuals.ac.in, registrar@nuals.ac.in Web: www.nuals.ac.in

No. NUALS/A6/FO/2016 25-11-2016

## **NOTIFICATION**

Applications are invited from qualified candidates for appointment as FINANCE OFFICER in the National University of Advanced Legal Studies, Kochi.

Vacancy : One (Open)

**Qualifications** 

Essential : Chartered Accountant / ICWA with 5 years' post qualification experience in

financial and accounting matters.

Desirable : A Degree in Law from a recognized University.

Age : Not less than 36 years and not more than 50 years but relaxable in the case

of persons who are already in Government / University service.

Normal relaxation in age as per rules will be applicable in the case of eligible

communities

Scale of pay : Rs. 37000 – 67000 + AGP of Rs. 10000/- in the UGC scale of pay

Last date of application : 3.00 p.m. on 16.12.2016

Registration fee : A registration fee of Rs 1,500/- (Rs. 750/- for SC/ST candidates) should

be remitted by way of demand draft drawn in favour of the Registrar, NUALS, payable at Kochi. Registration fee, once remitted will not be

refunded

### How to apply:

The prescribed application form can be downloaded from the University website, <a href="https://www.nuals.ac.in">www.nuals.ac.in</a>. Duly filled in application form together with the registration fee along with enclosures to prove age, qualifications, experience etc., (superscribed on the cover 'Application to the post of FINANCE OFFICER') should reach the Registrar, The National University of Advanced Legal Studies (NUALS), NUALS Campus, H.M.T. Colony P.O., Kalamassery, Kochi – 683 503, on or before 3.00 p.m. on 16.12.2016. A self-addressed and sufficiently stamped envelope may also be accompanied along with the application.

Applicants already in service should forward their applications through proper channel.



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## APPLICATION FOR THE POST OF FINANCE OFFICER

Affix your recent Passport size Photograph.

| Name of the applicant     (Use block letters)                           |  |
|---|--|
| 2. Age & Date of birth (Please attach copy of certificate to prove age) |  |
| 3. Religion & Community and Marital Status                              |  |
| 4. Nationality  |  |
| 5. Address for communication (Use block letters)                        |  |
| 6. E-mail address, if any   |  |
| 7.Telephone No. and Mobile No.  |  |
| 8. Educational qualifications:  |  |

| Sl<br>No. | Examination<br>Passed | Division<br>With % of<br>Marks | Subject | Year of<br>Passing | Board/<br>University |
|-----------|-----------------------|--------------------------------|---------|--------------------|----------------------|
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|   | (Attacl               | h copy of cer           | tificates) |          |             |              |             |             |                 |          |
|   |                       |                         |            |          |             |              |             |             |                 |          |
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|   | 1 Details<br>Attach D | s of application<br>OD) | on fee rem | itted    |             |              |             |             |                 |          |
|   |                       |                         |            |          |             |              |             |             |                 |          |
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|   |                       |                         |            |          | <u>DECL</u> | <u>ARATI</u> | <u>ON</u>   |             |                 |          |
|   |                       | I                       |            |          |             |              |             |             | son/da          | ughter   |
|   | of                    |                         |            |          |             |              |             | hereby s    | olemnly and s   | incerely |
|   |                       |                         |            |          |             |              | urnished i  | n the appli | ication form as | also in  |
|   | all enclo             | osures thereto          | submitted  | d by me  | are true    | 2.           |             |             |                 |          |
|   |                       | I hereby agre           | e to abide | by the r | rules and   | d regulat    | ions of the | e Universit | y, if appointed |          |
|   |                       |                         |            |          |             |              |             |             |                 |          |
|   |                       |                         |            |          |             |              |             |             |                 |          |
|   | Place:<br>Date:       |                         |            |          |             |              | Sig         | gnature of  | the Applican    | t        |
|   |                       |                         |            |          |             |              |             |             |                 |          |
|   | List of o             | enclosures:             | 1)         |          |             |              |             |             |                 |          |
|   |                       |                         | 2)         |          |             |              |             |             |                 |          |
|   |                       |                         | 3)         |          |             |              |             |             |                 |          |
|   |                       |                         | 4)         |          |             |              |             |             |                 |          |

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