

**Application form for Engagement of Guest Faculty for the session 2023-24**

1. Name of the Candidate: \_\_\_\_\_
2. Parentage: \_\_\_\_\_
3. Permanent Address: \_\_\_\_\_
4. Date of Birth: \_\_\_\_\_
5. Contact No: \_\_\_\_\_
6. Email Address: \_\_\_\_\_
7. Qualification: \_\_\_\_\_



**a) Academic Qualification:**

S.No	Name of the Course	Year of Passing	Name of the Institute/ University /Board	Total Marks	Marks Obtained	%age of Marks

**b) Technical Qualification:**

S.No	Name of the Course	Year of Passing	Name of the Institute/ University /Board	Total Marks	Marks Obtained	%age of Marks

**c) Teaching Experience:**

From	TO	Place where worked	Position held/ Capacity in which worked

I certify that the above information provided by me is correct to the best of my beliefs and knowledge and nothing has been concealed therein.

I certify that in case of any of the information submitted by me is incorrect that I shall have no claim for the post and I shall be liable for legal action as deemed fit by the department.

Date:-

Place

Signature of Applicant