DR. B. R. AMBEDKAR MEMORIAL GOVT. ARTS & SCIENCE COLLEGE, BALUSSERY

2021-22

APPLICATION FOR THE POST OF GUEST LECTURER IN ………………………………………...

1. Name (In capital letters) :

2. Age & Date of birth :

3. Sex :

4. Religion & Caste :

5. Address with PIN Code :

6. Land phone/Mob number :

7. Email :

8**. Educational Qualification (Attach self attested copies)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| SL NO | NAME OF EXAMINATION | UNIVERSITY | MARKS OBTAINED | MAXIMUM MARKS | PERCENTAGE |
| 1 | UG |  |  |  |  |
| 2 | PG |  |  |  |  |
| 3 | OTHER (SPECIFY) |  |  |  |  |

9. **Additional Qualification (Attach self attested copies)**

|  |  |  |  |
| --- | --- | --- | --- |
| SL NO | QUALIFICATION | YES | NO |
| 1 | NET |  |  |
| 2 | M. Phil. |  |  |
| 3 | Ph.D. |  |  |
| 4 | OTHERS (SPECIFY) |  |  |

10**. Experience, if any (Govt., Aided College services) (Attach self attested copies)**

|  |  |  |  |
| --- | --- | --- | --- |
| SL NO | NAME OF INSTITUTION  | PERIOD | TOTAL |
| FROM | TO | YEAR | MONTH |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |

TOTAL SERVICE …………………………….YEAR………………………….MONTH

11. Publications, if any (Give details) :

12. Whether registered in the office of Deputy Director of Collegiate Education: Yes/No

13. If Yes, Registration No. and Year of Registration: …………………….

Place :

Date : Signature of the Applicant