



Application Form for  
(Guest Faculty)

Post applied for the Department : .....Category:.....  
(To be filled up in by the candidate with ball-pen in his/her own hand writing)

Passport size  
Attested  
Photograph

DD No.....Rs..... Bank: .....

1. Name (in Block letters).....  
.....

2. Date of Birth.....(in words).....

3. Father's/ Husband Name.....

4. Present address.....  
.....

.....Pin Code.....

5. National.....Marital Status.....

6. Whether belong to SC/ST/OBC Category of U.P. if yes, write Category and attach certificate on Proforma prescribed by U.P. Govt.....

7. Permanent Address.....  
.....Pin Code.....

8. Phone no.....Mobile no.....E-mail.....

9. Are you Physically handicapped ? If yes, write type (Visual/hearing/Locomotive) and attach certificate issued by the C.M.O.....

10. Name of the State (domicile) to which candidate belongs.....

11. Educational Qualification :

SL. No.	Examination Passed	School/College/ University	Year of Passing	Subject	Division and Marks % (Gold Medal)/Grade	Distinction/ Rank, if any
1	High School					
2	Intermediate					
3	B.A/B.Sc/B.C.A./ B.B.A/B.Tech.					
4	M.A/M.Sc/M.C.A/ M.B.A./M.Tech.					
5	Ph.d. & Others (M.Phill/NET etc.)					

12. Experience:

Sl. No.	Name of Post	Date of joining	Date of Leaving	Pay Scale	Basic Pay	Name of employer	Experience in years
1							
2							
3							
4							
5							
6							
7							
9							

13. Minimum Salary acceptable and joining required.

14. Details of any current past involvement in any cognizable/Criminal offence and Nature of Punishment.

15. Additional Remarks:

Applicant may mention here any special qualification or experience, which have not been given under the above head. If the space is sufficient for the purpose, necessary particulars may be given in a separate sheet of paper and attach.

16. List of Enclosures:

- 1.....2 .....
- 3.....4.....
- 5.....6.....

17. Declaration:

I hereby declare that the entries made in the form are true to the best of my knowledge and belief. If found incorrect/wrong later, I Shall be liable to loose the employment at whatever stage it is noticed. I also undertake to abide by the terms and conditions as prescribed in advertisement for the applied post and as enforced by the Institute from time to time.

Place :.....

Dated:.....

Signature of the Candidate