

Sardar Patel University, Mandi

(A State Government University)

Annexure	_	1

Affix recent passport

size colour photograph (Self-attested on the

front)

APPLICATION FORM FOR GUEST FACULTY SESSION 2022-23

Name of the Post Applied for	
Advt. No	

:

:

:

:

- 1. Name of the Candidate
- 2. Father's / Husband's Name:
- 3.Date of Birth:4.Marital Status:5.Category:6.Nationality:
- 7. Sex (Male / Female)
- 8. Languages known :
- 9. Permanent Address Contact No.
- 10. Present Address Contact No.

E-mail ID:

E-mail ID:

11. Educational Qualification (attach self-attested Photocopy of all Certificates and Mark sheets)

Examination Passed	Name of Board / University	Year of Passing	Division / Grade	Full Marks	Marks Secured	% of Marks
10^{th}						
10+2						
UG						
PG						
Ph.D.						
Any Other						

Technical / Professional Qualification (if any) :.....

Any other Information:

12. Teaching/Research Experience:

Sl. No		Type of Organization	nization ernment	ion Nature of Work	Time period	
	organization .	(Government / Private)			From	То

13. Total work experience (Year, Months, Days):....

14. Details of Professional Recognitions , Awards , Fellowship , Honours Received :

Award Type (International/	Award Name	Awarding Institution	Date
National/ State / Local /		or Body	
Institution Level)			

15. Membership of Professional Bodies :

Name of body	Type of membership	From Date	To Date	Positions held

16. Research publication:

	1	TT'(1 C	X7 1 1	D	T (C)	A (1 1 1
Name Of	ISSN/IS BN	Title of	Vol. and	Page	Impact factor	Authorship
Journal	/Ref No.	Published	No.	No.		
		Work				

17. Participation in Conference / Seminar / Symposia / Workshop :

Type of Participation (oral/ poster/ invited lecture presentation)	Status (International /National/ state/ local)	Title of Paper	Date

18. Whether Editor or Member of Editorial Board of referred Journal (Yes /No) :

Name of journal	Year

19. Brief statement on your viewpoint about teaching:

- **20.** Have you ever been disqualified during your studies at College/University? (Yes/No):
- 21. Have you ever been punished during your service or convicted by a court of law? (Yes/No):
- 22. Were you at any time declared medically unfit or asked to submit your resignation or discharged or dismissed? (Yes/No):
- 23. Do you have any case pending against you in any court of law? (Yes/No)

DECLARATION

I do hereby declare that all the information given above are true to the best of my knowledge and belief.

Place :	
Date :	

Full Signature of the Applicant

(For Office use only)

Details as given in this Application are verified and found correct:.....

Remarks (If Any):