

APPLICATION FORM FOR APPOINTMENT OF GUEST LECTURER IN

1.	Name	
2.	Address	
3.	Mobile number	
4.	Name and mobile number of	
	Parent	
5.	Category (Tick whichever is applicable)	: SC/ST/OBC/ Minority/ PWD/Others
6.	Date of Birth	
7.	Marital Status	
8.	Educational Qualification with	: UG:
	percentage of marks	PG:
	(Attach self-attested copy)	M. Phil.:
9.	Whether qualified (Tick whichever is applicable, attach self-attested copy)	Ph. D, NET, NET with JRF, SLET, SET
10.	Other qualifications (specify)	
11.	Publications (Attach separate list and self-attested copy)	
12.	Teaching Experience : (Attach copy of experience certificates)	
13.	Details of Awards and Recognitions (Attach separate list and copies)	
14.	Whether registered in Dy. DCE, :	A. A. Carrier and A.
	Calicut (Attach Registration copy)	
	UNDE	RTAKING
	I,	, do hereby agree to
work	in this college as a Guest Lecturer	in the Department of
lurin	g the academic year 2024-25. I assure	you that I will inform prior to one month if and
when	I relinquish my service from this coll	ege.
Place		
Date:		Name and Signature
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