

MOHANLAL SUKHADIA UNIVERSITY UDAIPUR-313001

Application Form for Empanelment of Guest Faculty

01.	Name	of Service		:		••••	
02.	Subje Facul Caste			: :		••••	Photograph
	Name		issuing C	T/SC: Caste Certificate: State:			Signature
03.	Differ	rently abled		:			
04.	•			on ID:/Time			
Pers	onal Inf	ormation					
05. 06. 07. 08. 09. 10. 11. 12. 13. 14.	Appli Father Mother Appli Gender Marita Appli Appli Nation Perma	cant's Name r's /Husband's er's Name cant's Date of er al Status cant's E-Mail cant's Mobile nality anent Address	Birth ID No.				
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10.	(give	ational Qualifi detailed infor ttested copies	mation abo	out past academic perform heets)	mance from Sec	condary onw	vards (attach
	S.No.	Examinati on Name	Year	Board /Univ.	Max. Marks	Marks Obtained	Percentage
	1	X th					
	2	XII th					
	3	UG					
	4	PG					
	5	Diploma					

6	Ph.D.			
7	Other			

Research Performance:

17. Research Degree:

S.No.	Degree	Title	Date of Award	University/Institute
1	M.Phil.			
2	Ph.D.			
3	D.Sc./D.Lit.			

18. Eligibility Test: NET/SLET/JRF

S.No.	Level of Test	Agency conducted the test	Year
1	J.R.F.		
2	N.E.T.		
3	SLET/SET		

19. Publication Details:

S. No.	Title	Title of Journal/Book	ISSN/ISBN	Hard/Soft	Month & Year

20.	Whe	ther covered under exemption from JRF/NET/SLET/SET (YES/N	O)
	(i)	Ph.D. under UGC regulations of July 11, 2009 (YES/NO)	
	(ii)	Obtained criteria certificate as per UGC Norms (YES/NO)	

21.	Teaching	Experience:

S. No.	Designation	Name of Employer	Da	tes of	Salary with grade	Reason of Leaving
		Zimpioyei	Joining	Relieving	with grade	Denving

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nt occupation (if a	ny) give details	: 					
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Experience:	Name of		Dates o	f	Sa	larv	Reason o
Designation	Employer				•	with	Leaving
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Name			Offic Mob	e Addres ile No. ar	s,	Resid	ential Addr nd Landline mber, if any
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	Designation eferences of the pe	Designation Name of Employer eferences of the persons equal to	Designation Name of Employer Joinin	Designation Name of Employer Joining Reserved Fragment Processing	Designation Name of Employer Joining Relieving eferences of the persons equal to or above the rank of Gaze Name Designation Office Address	Designation Name of Employer Joining Relieving g eferences of the persons equal to or above the rank of Gazetted Name Designation Office Address, Mobile No. and	Designation Name of Employer Joining Relieving with grade eferences of the persons equal to or above the rank of Gazetted Officers Name Designation Office Address, Mobile No. and are supported to the person of

25.	Give particulars of other work done and experience not covered in any of the columns above.
26.	Payment Details: Demand Draft Details:
	Transaction No Transaction Date Amount

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UNDERTAKING

I undertake to understand that this process of empanelment for engagement as Guest Faculty is purely a time being arrangement to meet out the exigency of work and is not a process of regular appointment. Further, the engagement from the list of empanelment will be on work requirement basis and in case of no work exigency, the engagement can be discontinued. In case of engagement from the list of empanelment, I shall be entitled to get only the remuneration prescribed and will not be entitled for any other benefit of any kind and I will execute a bond on non judicial stamp of Rs. 100/- in the prescribed format and abide by the terms and conditions of the bond.

6 6	ment of the Guest Faculty shall be made by the concerned ir requirement and availability of resources and sheer way for engagement.
Date :	Signature
<u>DE</u>	CCLARATION
If any information is found to be incorrect, I s may be cancelled.	shall be fully responsible for the same and my candidature
Date :	Signature