

OFFICE OF THE SELF FINANCING ADVISORY BOARD

MOHANLAL SUKHADIA UNIVERSITY UDAIPUR-313001

Common Application Form for Empanelment of Teaching Consultant or Visiting Faculty or Placement Consultant

01.	Nan	ne of Service	9.000	coultant or Viciting Faculty or I							
02.	Subject Faculty Caste / Category		: :	ing Consultant or Visiting Faculty or Placement Consultant) Photograph Photograph							
02.	if O		ignature								
		•	_	State:		1					
03.	Diff	erently abled	:			•••					
04.		Payment Method / Transaction ID :									
Pers	onal In	formation									
05.	Nam	ie :									
06.	Fath	er's /Husband's N	Name :								
07.		Mother's Name :									
08.											
09.	Gender :										
10.		Marital Status :									
11.	E-Mail ID :										
12.											
13.		Nationality :									
14.	Pern	nanent Address	5/3/5/5								
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15.	Pres	ent Address	:								
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Acad	lemic j	oerformance:									
16.	Educ	cational Qualific	ation:								
	(give	(give detailed information about past academic performance from Secondary onwards (attach									
	self	self attested copies of mark-sheets)									
	S. No.	Examination Name	Year	Board /Univ.	Max. Marks	Marks Obtained	Percentage				
	1	Xth									
	2	XIIth									
	3	UG									
	4	PG									
	-	Diploma									
	5	•									
	6	Other									

	arch Performance :										
17.											
	S.No.		Title			Date of A	ward	Universi	ty/Institute		
	1	M.Phil.									
	2	Ph.D.									
	3	D.Sc./D.Lit.									
18.	Eligibility Test : NET/SLET/JRF										
	S.No.		Agency conducted the test			Year					
	1	J.R.F.									
	2	N.E.T.									
	3	SLET/SET									
19.	Public	Publication Details:									
	S.	Title	Title o	f Journ	nal/Book	ISSN/ISB	NH	ard/Soft	Month &		
	No.		11000	Toodii	iai, Book	15517/152		ara/Sort	Year		
									-		
21.	(ii) Obtained criteria certificate as per UGC Norms (YES/NO)										
	S. No.		Name o	ne of Dates of		Sa	Salary with Re				
			Employ		Joinin			ade	Leaving		
22			\	••							
22.	Current occupation (if any) give details:										
	••••••					• • • • • • • • • • • • • • • • • • • •					
23.	Other Experience:										
	S.			of	-						
		Designation	Name			tes of	Sala	-	Reason of		
	No.	Designation	Name Employ		Da ^r Joining	tes of Relieving	w	ith	Reason of Leaving		
		Designation					w	-			
	No.	Designation					w	ith			
	1	Designation					w	ith			

24.	d Officers of the Govt.:				
	S. No.	Name	Designation	Office Address, Mobile No. and email	Residential Address and Landline Number, if any
	1.				
	2.				
subm Sukh	: The har	rd copy of the applica person or by post to versity, Administrative	tion form along verthe office of the Office, Udaipur	with self attested copine Self Financing Action 18 th July, 2019. Ap	ies of documents must be dvisory Board, Mohanlal oplicants shall be required
to br	ng their	original documents for	verification at th	e time of interview fo	r empaneiment.
or V exige of en can be only kind by th	isiting Fa ncy of warpanelment discon- the contra and I will be terms and the terms are the terms ar	aculty or Placement Cork and is not a proceent will be on work required. In case of engactual compensation of lexecute a bond on not a conditions of the best take to understand the Consultant shall be ma	Consultant is pure ss of regular apporuirement basis are agement from the prescribed and won judicial stamp and. at engagement of de by the concern	elment for engagement ely a time being array ointment. Further, the had in case of no work elist of empanelment ill not be entitled for of Rs. 100/- in the protect the Teaching Consulted departments/college	nt as Teaching Consultant ingement to meet out the engagement from the list exigency, the engagement, I shall be entitled to get any other benefit of any escribed format and abide tants or Visiting Faculties ge/institute subject to their pees not entitle me in any
way	or engag	ement.			
Date	:			S	Signature
			DECLARA	TION	
		ation is found to be ay be cancelled.			le for the same and my
Date	:			S	Signature