



MOHANLAL SUKHADIA UNIVERSITY
UDAIPUR-313001

Application Form for Empanelment of Guest Faculty

01. Name of Service :
Subject :
Faculty :
02. Caste / Category :
if OBC(Non-creamy layer)/ST/SC:
Name the Authority issuing Caste Certificate :
Place of Issue:State :
03. Differently abled :
04. Payment Method / Transaction ID :
Session ID...../IP...../Date...../Time

Photograph

Signature

Personal Information

05. Applicant's Name :
06. Father's /Husband's Name :
07. Mother's Name :
08. Applicant's Date of Birth :
09. Gender :
10. Marital Status :
11. Applicant's E-Mail ID :
12. Applicant's Mobile No. :
13. Nationality :
14. Permanent Address :
.....
.....
.....
15. Present Address :
.....
.....

Academic performance:

16. Educational Qualification:

(give detailed information about past academic performance from Secondary onwards (attach self attested copies of mark-sheets))

S.No.	Examination 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. Whether covered under exemption from JRF/NET/SLET/SET (YES/NO)

- (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	Dates of		Salary with grade	Reason of Leaving
			Joining	Relieving		

22. Current occupation (if any) give details:

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23. Other Experience:

S. No.	Designation	Name of Employer	Dates of		Salary with grade	Reason of Leaving
			Joining	Relieving		
1						
2						
3						
4						

24. Two references of the persons equal to or above the rank of Gazetted Officers of the Govt. :

S. No.	Name	Designation	Office Address, Mobile No. and email	Residential Address and Landline Number, if any
1.				
2.				

25. Give particulars of other work done and experience not covered in any of the columns above.

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26. Payment Details:

Demand Draft Details: _____

Transaction No.....

Transaction Date.....

Amount

.....

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.

I further undertake to understand that engagement of the Guest Faculty shall be made by the concerned departments/college/institute subject to their requirement and availability of resources and sheer empanelment shall does not entitle me in any way for engagement.

Date : _____

Signature

DECLARATION

If any information is found to be incorrect, I shall be fully responsible for the same and my candidature may be cancelled.

Date : _____

Signature

**Note:- Form will be accepted only on payment of fees in
UCCMS Room Number 3**