

EWING CHRISTIAN COLLEGE, ALLAHABAD

(An Autonomous Constituent College of Allahabad University)

APPLICATION FORM FOR GUEST FACULTY

Paste your recent passport size colour photograph here

Note: Kindly fill the Form in CAPITAL LETTERS only.

Name of the Subject: _____

(i) Name (in block letters)

(ii) Male/Female (iii) Marital status.....

Father's Name (in block letters).....

Post applied for the subject.....

Date of birth Mobile No.

Nationality Religion

Address:

Permanent address	Present address for correspondence
.....
.....
.....
.....
PIN	PIN
	E-mail:

Academic qualifications:

Examination	Year	Subjects	Division/Grade	%	School/ College attended	University / Board
Class X						
Class XII						
Bachelor's Degree						
Master's Degree						
M. Phil.						
Ph. D.						
NET						

Details of Technical Degree if any:

Examination	Year	Subjects	Division/Grade	%	School/ College attended	University / Board

Teaching experience, if any:

Name of the University/College/ Institution	Designation	Nature of post (permanent/ temporary etc.)	Classes taught		Period	
			Under- graduate	Post- graduate	From	To

(Attach a separate sheet if needed)

Number of Research Papers and Publication in recognised National or International only (ISBN No. required):

Number of Awards received, if any:

DECLARATION: I certify that the statements made above are true to the best of my knowledge, and nothing relevant has been concealed. I agree that if, at any time, I am found to have concealed or misrepresented any information, or given false details, my candidature is liable to be terminated without notice or compensation.

Signature of Applicant

Date:

Place

NOTES:

1. Only hand-written forms will be accepted.
2. Self-attested copies of certificates, mark sheets, testimonials to be attached. Originals must be brought at the time of interview.
3. No TA/DA will be paid to Out-station candidates who are called for interview.
4. Working applicants are required to attach NOC from the present employer.

ACKNOWLEDGEMENT SLIP

Application Form of Dr./Mr./Mrs./Ms. _____ for Guest Faculty in _____ has been received. D.D. No. _____ D.D. Date _____.

Authorized Signatory