olication for Empanelment of Guest Faculty in Department of Central University of Jammu.					
Name:					
Father's Name:					
Mother's Name:		РНОТО			
Date of Birth:					
Category: UR [] OBC []	SC [] ST []				
Permanent Address:					
Correspondence Address:					
Mobile No:	E-mail:				
Whether Employed/ Retired: Yes /	No				
If employed, Name of the Employer:					
If retired, Name of the Previous Emplo	yer:				
Post held:	Date of Appointment:	Date of Appointment:			
Teaching Experience, if any: Industry Experience, if any:					
Specialization and expertise of Previou	ıs Teaching:				
Name of the Courses Taught at UG/PG	/Doctoral Level:				
For Office use only					

Educational Qualifica	ition:-
------------------------------	---------

Examination(s)	College/ University	Year	Marks Obtained	Max Marks	Percentage
Graduation					
Master Degree					
M.Phil.					
Ph.D.					
NET/SET/SLET					

Number of Publications as per Care List of Journals:

(Documentary evidence should be produced by the teacher such as: copy of publications, project sanction letter, utilization and completion certificates issued by the University and acknowledgements for patent filing and approval letters, students' Ph.D. award letter, etc,.)

Any other information, which the applicant wants to share:

The particulars given above are correct to the best of my knowledge and believe.