

**GOVT. COLLEGE KASARAGOD**  
**GUEST LECTURER – Application Form**

**Subject :**

1. Name of the Candidate (in Block Letters) :
2. Age and Date of Birth :
3. Name of Parent/Guardian with relation :
4. Religion & Cast :
5. SC/ST/Minority/Differently Abled :
6. Whether included in PSC Rank list \*\*::

If yes provide Category number and rank number :

7. Permanent Address

Present Address

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8. Phone Number & Email ID (Mobile and Land Line) :

9. Educational Qualifications\*\* :

Sl No.	Programmes	Month & Year	Reg. No.	Percentage	University
1	SSLC				
2	U.G.				
3	P.G.				
4	SET/SLET				
5	NET				

6	NET with JRF				
7	Ph.D				
8	M.Phil				

10. Whether Registered the name in the Deputy Directorate of Collegiate Education, Calicut :

If yes, Registration No.\*\* :

11. Experience in Teaching at College Level\*\*:

Sl No.	Name of the institution	Duration	Total Experience in Months

12. Details in case of retired hands :

13..Whether willing for other activities in the

College on voluntary basis :

14. Number of Research Publications in peer:

reviewed or UGC listed journals\*\*

15. Details of Research Publications\*\*:

16.Awards(National Level/State Level/International Level)\*\*:

**(\*\*Note: Attach self-attested copies of all relevant documents)**

**DECLARATION**

I hereby declare that the above furnished details are true. If any details are found incorrect, I obliged to further consequences

Date:

Signature of the candidate

**CERTIFICATE FROM THE HEAD OF THE DEPARTMENT**

Certified that I have verified the Certificates of the candidate in original and found correct.

Date:

Name and signature of the H.O.D

