## **Application Form for Visiting Lecturer Post- Academic Year 2018 - SLIATE**

	Prefer	red place (ATI/ATI section)	to serve	Preferred sul	bjects to teach		
1							
2							
3							
1.	Name	in Full (Dr./Mr./Mrs./Miss.).					
2.	Name	with Initials					
3.	Date of	of Birth					
4.	Contac	et Information					
		Postal Address-					
		Phone Number- Official -					
		Mobile -		E-mail			
5.	Academic Qualifications:						
		Name of the Degree	Name o	f the University	Year		
	i.						
	ii.						
	iii.						
6.	Profes	sional Qualifications					
		Name of the Qualification	Name o	of the Institute	Year		
	i.						
	ii.						
7.	Other	Qualifications					

		Position	From	To	o Yea				
	Present								
	Past				I				
9.	Teaching Experience:-								
	Institute	Name of Progra	m Sub	ject	Number of Y				
10.	Name, Position	and Contact Information	n of two Non-rela	ted Referees.					
applic	eations through the	ched to the Governmen oir Head of the Departm e above information is tru	ent.						
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applic I hereb	Date cations through the	e present employer (if cannot be released, if he	ent. e and correct for the Sig	e best of my k	cnowledge.				
applic I hereb	Date  Applicant can / o	e present employer (if cannot be released, if he	ent. e and correct for the Sig	e best of my k	cnowledge.				
applic I hereb	Date  Applicant can / o	e present employer (if cannot be released, if he	ent. e and correct for the Sig  any) e/she is selected for	e best of my k	cnowledge.				

8.

Working Experience