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

	Preferred place (ATI/ATI section) to serve			Preferred subjects to teach					
1									
2									
3									
1.	Name	e in Full (Dr./Mr./Mrs./Miss.)							
2.	Name	e with Initials							
3.	Date	of Birth							
4.	Conta	act Information							
		Postal Address							
		Phone Number- Official		•••					
		Mobile		E-mail					
5.	Academic Qualifications:								
		Name of the Degree	Name of the	University	Year				
	i.								
	ii.								
	iii.								
6.	Profe	ssional Qualifications							
		Name of the Qualification	Name of the	Institute	Year				
	i.								
	ii.								
7.	Other	· Qualifications							

Present Past Past Institute Name of Program Subject Number of Your Number of Your Name, Position and Contact Information of two Non-related Referees. Applicants who are attached to the Government and Statutory Bodies should forward their applications through their Head of the Department. I hereby certify that all the above information is true and correct for the best of my knowledge. Date Signature of Applicant To be completed by the present employer (if any) Applicant can / cannot be released, if he/she is selected for this Position. Any special comments: Signature of the Head of Department Official Stamp:			Position		From	То		Years	
9. Teaching Experience: Institute Name of Program Subject Number of Ye 10. Name, Position and Contact Information of two Non-related Referees. Applicants who are attached to the Government and Statutory Bodies should forward their applications through their Head of the Department. I hereby certify that all the above information is true and correct for the best of my knowledge. Date Signature of Applicant To be completed by the present employer (if any) Applicant can / cannot be released, if he/she is selected for this Position. Any special comments:		Present							
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Working Experience

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