



UNIVERSITY BELAGAVI

APPLICATION FOR THE POST OF GUEST FACULTY IN THE UG-DEPARTMENT OF _____ (MENTION THE SUBJECT)

(Submit separate application for each subject)

1	Name o	of the Applica	ant					Af	fix recent
	Addres	s for						Pas	ssport size
2	corresp	ondence							notograph
۷	Cell No):						_	
	Email:								
3	Catego	ry		GM / SC /	ST / CAT-I /	IIA / IIB / IIIA	/ IIIB		
4	Date of	Birth and A	ge						
5	Educat	ion Qualifica	tion : (Enc	lose relevar	nt attested d	ocuments)			
	Sl.	Particul						_	_
	No.	ars of		e of the	Year of	Max Marks		irks ained	Percentage of Marks
		the Degree	Universi	ity/Board	Passing	(Aggregate)	(Aggr	egate)	(Aggregate)
		Degree							
	1	SSLC							
	2	Master							
	2	Degree							
		P.G.							
	3	Diploma							
		219101110							
	4	M.Phil.							
		WI.I IIII.							
	5	Ph.D.							
-	M/h a+l-	on pages d		37 - /NT					
6.		er passed		Yes/No:					
	NET/SLET/JRF Year of Passing with score								
	rear or	rassing with	ii score						

Sl.No	Name of the Institu	ition/University	UG/PG	Number of years	Full/Part time
1					
2					
3					
4					
	 Tot	al Number of years			
Researc	h Experience,				
Please s	Post Doctorate E		perience	yea	rs
Publications if any		Number of Public (Enclose the list)	ations		
(Enclose	e relevant	Conference (Natio			
attested documents)		Conference (Inter			
		Number of Books	published		
		Any Other inform	ation		
Faculty years in colleges Univers If yes, me period ser	ity/at University.				<u>.</u>
Present place	Status / Work				
Other in	formation if any.				
List of E	nclosures	1.			
		2.			
		3.			
		4.			

❖ Note: The application form should be submitted in two (02) sets along with selfattested copies of testimonials / certificates/ taste /category certificates / marks cards and detailed bio-data. Any information given without proper proofs will not be considered. The claims have to authenticate with the original documents at the time of interview.

DECLARATION

I hereby declare that the particulars furnished above are true to the best of my knowledge & belief. If given an opportunity, I assure that I shall discharge my all responsibilities to the entire satisfaction of my superiors. I understand that this is a temporary assignment for the required limited period only. I shall not be involved in any in disciplinary behavior. I know the service of the Guest Faculty has no relation to the sanctioned post in the University. I will not claim the services of the Guest Faculty for regularization of services.

I am not carrying out any full time job/ academic degree at present and I will not do so during my period at your institution.

Date:

Place:

SIGNATURE

ಸೇವಾ ಪ್ರಮಾಣ ಪತ್ರ

ಕಾಲೇಜಿನ	ಶ ಹೆಸರು:	
ಅತಿಥಿ ಉ	ುಪನ್ಯಾಸಕರ	

Academic Year	ODD S	emester	Even Semester		
Academic Year	Months	Days	Months	Days	
				-	

- 💠 ಮೇಲ್ಕಂಡ ಅತಿಥಿ ಉಪನ್ಯಾಸಕರ ಸ್ನಾತಕ ತರಗತಿಗಳನ್ನು ಬೋಧಿಸಿದವರೇ? (ಹೌದು/ಇಲ್ಲ):_____
- ❖ ವಿ.ಸೂ.: 1. ಅತಿಥಿ ಉಪನ್ಯಾಸಕರು ಕರ್ತವ್ಯ ನಿರ್ವಹಿಸಿದ ವರ್ಷಗಳಿಗೆ ಮಾತ್ರ ಸೇವಾ ವಿವರಗಳನ್ನು ನಮೂದಿಸುವುದು
 - 2. ಅತಿಥಿ ಉಪನ್ಯಾಸಕರ ಸೇವೆಯನ್ನು ತಿಂಗಳು ಮತ್ತು ದಿನಗಳಲ್ಲಿ (Months and Days) ಮಾತ್ರ ನಮೂದಿಸುವುದು ಹಾಗೂ ದಿನಾಂಕಗಳಲ್ಲಿ ನಮೂದಿಸಬಾರದು.
 - 3. Annual System of Year (Non-Semester) ಗೆ ಸಂಬಂಧಿಸಿದ ವಿವರಗಳನ್ನು (ODD-Semester) ಕಲಂಗಳ ಅಡಿಯಲ್ಲಿ ತಿಂಗಳು ಮತ್ತು ದಿನಗಳಲ್ಲಿ ನಮೂದಿಸುವುದು.

ಪ್ರಾಶುಂಪಾಲರ ಸಹಿ ಮೊಹರಿನೊಂದಿಗೆ