

FACULTY PROFILE

Name: _____

Date of Birth: _____

Address: _____

Affix recent passport
size colour
photograph and sign
across the same on
the hard copy

Contact Nos.: Residence _____ Mobile _____

Gender: _____ Marital Status: _____

Email: _____

Educational Qualification:

Degree	Specialization	Year of Passing	Percentage	Institute/University
UG				
PG				
Others				
IT related				

Work Experience:

Teaching: _____ in years.

Industry: _____ in years.

Research: _____ in years.

Others: _____ in years.

Total: _____ in years.

Area of Specialization: _____

Subjects Taught at School level: _____

Subjects Taught at college/PG Level: _____

If selected, expected date of joining: _____

References:

Sr. No.	Name	Designation	Contact No.	Address
1				
2				
3				

I certify that the information given by me in the above form is true and correct. I Understand that I shall be disqualified if any information stated here is found to be incorrect.

Place: _____

Date: _____

Signature