

Gautam Buddha University
Gautam Budh Nagar- (U.P.)
Application Form for Guest Faculty

Advertisement No: GBU/Admn/2019/01

Photograph

	IMPORTANT	;-	To be filled in by th	ne Candidate		
School N	ame		***************************************			
Departm	ent	Specializa	tion		***************************************	
1.	Name (in Block letters)					J
2.	Father's/Husband's Name					
3.	Date of Birth					
4.	Category (SC/ST/OBC/UR.) (Pl. enclose certificate)					
5.	Gender (Male/Female)					
6.	Marital Status					
7.	Highest Qualification					•
9.	Mobile No. & E-mail ID					
9.	Postal Address					
11.	Academic Qualifications Record:					
5. No		Board	/ University	Year of Passing	% Marks	Div./Grade
1.						
2,						
3.						
4.						
5.						
6.						
7.						
8.						

(Please enclose self attested copies of certificates for all above mentioned academic qualifications)

12. Experience &period:

No.	Name of University/Institute		Designation	Teachin	g Experience	Total (Year with Months)				
				From	То					
				A A A						
ase e	nclose all	above mention certificates,	if any)							
	Publications:									
	1)	Research paper	: .							
	li)	Patents/copyrights	: .							
	API score	e as per UGC.	;							
	No. of Ph	.D supervised	:							
	Award & recognitions at National/International level :									
	State any	other information not covered	elsewhere (Please attach a sh	eet, if required)		44-44-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-				
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		DEC	LARATION TO BE SIGNED	BY THE CANDIDAT	<u>[E</u>					
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		ity is given, I shall join G on has been disclosed. I al								
		oe treated as cancelled and								

ed:	***************************************					(Signature)				