

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

Advertisement No:

Photograph Photograph	Р	ho	too	ra	pl	h
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IMPORTANT :- To be filled in by the Candidate							
School Name							
Department							
	N (
1.	Name (in Block letters)						
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. S. No.	Academic Qualifications Record: Exam	Board	/ University	Year of Passing	% Marks	Div./G	rade
1.							
2.							
3.							
4.							
5.							
6.							
UGC-NET:							

12.	Experience	.:
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S. No.	Name of University/Institute	Designation	Teaching Experience		Total (Year with Months)
			From	То	
1					
2					
3					
4					

1									
2								-	
3								-	
4								-	
Please en	close all al	pove mention certificates, if an	l y)					j	
13.	Publication	is:							
	i)	Research paper	:						
	ii)	Patents/copyrights	:					_	
14.	API score	as per UGC.	:					_	
15.	No. of Ph.I	O supervised	:					_	
16.	Award & recognitions at National/International level :								
17.	State any other information not covered elsewhere (Please attach a sheet, if required)								
								_	
								_	
		DECLAR	ATION TO BE SIGNED	BY TH	E CANDIDATE				
	I hereby	declare that the information g	given above is corre	ct to th	e best of my	knowledge an	nd belief. I declare that	: in	
case an		y is given, I shall join Gauta				_			
		n has been disclosed. I also u			_				
		e treated as cancelled and nec						,	
Dated:							(Signature)		
Place:						Name:			