Guest Faculty Walk-in Interview Date:							ntion No:		_		
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Gautam Buddha University, Greater Noida Application From for GUEST FACULTY  Tick the relevant box wherever required/applicable.											
			Department (to which yo	ou are applying):							
(c)	Proposed sub	ject/Area									
СНОІСЕ											
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	Name (in CA	Name (in CAPITAL)					In Hindi				
PERSONAL	Gender/D.O.I	3	Male Female Date of Birth (dd/mm/yyyy)								
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			Details of Marks secure	ed in the Exami	natio	ns					
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Details of Pu	ıblications/Resear	ch	Yes No	(If Yes attach s	epara	ate sheet for	details)				
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EXPERIENCE IF ANY											

## DOCUMENT TO BE SUBMITTED WITH THE FORM

a. B.E/I	B.Tech. b. I	M.E/M.Tech.	c. Ph.D	d. Experience certificate	e. Others.	
						(Signature of Applicant)
Place:						
Date:						

1. Obtained attached copies of the all degree certificate and marks sheets.