## ओड़िशा केन्द्रीय विश्वविद्यालय, कोरापुट

(केन्द्रीय विश्वविद्यालय अधिनियम 2009 के तहत स्थापित )

## Central University of Odisha, Koraput

(Established Under the Central Universities Act, 2009)

## **Application for Empanelment of Guest Faculty**

(For one Semester of the Academic Session 2022-23)

(Please read carefully the instructions given in the eligibility criteria before filling the format)

1. Empanelment of Guest Faculty in the Subject:						
2. a) Name in full (in BLOCK letters)	:					
b) Father's Name	:					
c) Mother's Name	:					
c) Gender	:					
d) Category (UR/SC/ST/OBC)	:					
e) PwD (Yes/No) If, Specify	:					
e) Nationality	:					
f) Date of Birth (in figures)	:					
(in words)	:					
g) Present Postal Address (Block Letters, Surname underlined)	:					
d) E-mail ID	:					
e) Contact Telephone Number	:					

3. Permanent Address		:				
<ul><li>4. a) Candidate's Mother Tongue</li><li>b) Any other language known</li></ul>		:				
		: READ		WRITE	SPEAK	
5. Pa	articulars of Examinations	s passed	: (Comm	nencing from	n matricula	ntion/HSC onwards)
Sl. No	Examination passed	University/ Board	Year	Class/ Division / Grade	% of mark	Subject offered (Specify Hons/ Distinction)
6. Fi	eld of Specialization (PG	level)	:		l	
7. W	hether qualified at the U	GC NET / CSIR	NET):			
(If y	es, give details):					
	chievements in Research esearch Papers published		:			
(ii)	No. of Books authored	l	:			
(iii)	No. of Book Chapters	published	:			
(iv)	Number and nature of S	eminars/				

(v) No. of Research Scholars guided (M.Phil/ Ph.D.):								
9. Details of e (present post a				:				
Office/ Institution employed	Date of Joining	Date of leaving	Post held	Scale of pay with Grade pay	Total Salary (Gross) Rs.	Job Description		
			DECLA	RATION				
I hereby declare that all the statements made in this application form and enclosures are true to the best of my knowledge and belief.								
Place:					Signature	of the Applicant		
Date:								

Conferences attended