


MANGALORE UNIVERSITY

Mangalagangothri – 574 199, D.K. District, Karnataka

APPLICATION FOR GUEST FACULTY

(UG- Hindi)

1. Name of the Subject:.....

2. Name of the Applicant :
(in Block letters)

3. Address:

4. Contact No.

Telephone No. with STD Code :

Mobile No:

Email ID:

5. Date of Birth:

6. Gender:

7. Religion:

8. Category :

Category Claimed	GM	SC	ST	CAT-I	II-A	II-B	III-A	III-B
Caste								
Sub-caste								

Note : Enclose Certificate issued by the Competent Authority. Application without required certificate will be considered under GM Category.

9. Academic Qualifications (Starting from the highest qualification) :

Degree	Name of the University / Board	Year of Passing	% of marks / CGPA	Division/ Class/ Grade	Subject(s)

10. Whether UGC NET / SLET / SET qualified : YES / NO
(if 'YES' enclose certificate)

a) Examining Body / University :

b) Year of Passing :

11. Teaching Experience: # P.G.:_____ Years ; U.G.:_____ Years.

Designation	Name of the Institution	From	To

Only Regular fulltime teaching experience should be furnished. Enclose certificate of evidence issued by the competent authority in support of your claim.

12. Research Experience * :

Designation	Institution of affiliation	Area of Research	Period

* The period spent for acquiring M.Phil. and /or Ph.D. Degree will not be considered as research experience.

13. Publications :

Publications	Published		Accepted/In Press	
	National	International	National	International
Research Papers : a. Refereed journals b. Non-refereed journals having ISSN numbers c. Conference proceedings as full papers				
Book (s)				
Chapters in Book (s)				
Patents	Granted :		Filed :	

14. Seminars/Conferences/Workshops/Symposia/Training Programmes etc. :

	In India	Abroad
Organised		
Participated to a) Present Paper/ Poster b) Deliver lecture / Chair sessions		

15. Awards / Fellowship / Membership in Academic Bodies/Societies and Editorship of Reputed Journals :

Name of the Body/Society	Name of Award / Fellowship / Nature of Membership / Editorship

16. Other Relevant Information :

Please give details of any other credential, significant contributions, awards received etc., not mentioned earlier

Sl. No.	Details (Mention Year, value etc., where relevant)

D E C L A R A T I O N

I hereby declare that all information given in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false, incomplete or incorrect, my candidature is liable to be cancelled/ my appointment is liable to be terminated. I hereby agree to and abide by the rules and regulations of the University.

Place: _____

Date: _____

Signature of the Candidate

Mangalore University

Application for Guest Faculty-2020-21

(Department of Physical Education, Research Lab)

SL. No.	Name and Address with Phone No and Email ID	Date of Birth	Caste & Category	Qualification with year of passing	Marks obtained in P.G		Additional Qualification NET/SLET/ M.Phil/Ph.D	Participation in Seminar/Conference /Workshop	Experience		Signature
					Total	Percentage %			University/ constituent colleges	Others	