PHOTO

**Application for GUEST FACULTY iN ......................................................................**

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| 1. | Name in full (IN BLOCK LETTERS) |  |
| 2. | Full address to which communications are to be sent |  |
| 3. | (a) Age |  |
| (b) Date of Birth |  |
| 4 | Email and Mobile Number |  |

|  |  |
| --- | --- |
| 5. | Qualifications: |
| Name of Examination passed | Name of University | Year of passing | Class, Rank etc. | Percentage of marks/ CGPA | Subjects of Examination (copies of mark lists to be attached) |
| General |  |  |  |  |  |
| 1. Degree Level
 |  |  |  |  |  |
| 1. PG
 |  |  |  |  |  |
| 1. Research
 |  |  |  |  |  |
| 1. Details of UGC NET
 | Year of passing | Subject | Lectureship / JRF |
|  |  |  |

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| --- | --- | --- |
| 6 | Post-doctoral research work done (add full details on a separate sheet, if necessary) |  |
| 7 | Full details of experience in guiding research (use separate sheet, if necessary) |  |
| 8 | Details of Previous Experience  |  |
| 9 | List of publicationsGive details regarding title of the publication, year of publication and the journal or book in which the publication appeared (If necessary, add separate sheets listing the papers and enclose one copy each of available reprints) |  |

|  |  |  |
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| 10 | List of enclosures |  |

 I certify that the information given above is correct to the best of my knowledge and belief. I agree to bind myself to the conditions of service of the National University of Advanced Legal Studies that may be drawn up from time to time.

Place: Signature of the applicant:

Date: Name:

 (In block letters)