GOVT. POLYTECHNIC, MANDI ADAMPUR

APPROVED BY AICTE, PCI & AFFILIATED TO HSBTE, PANCHKULA (HARYANA)

APPLICATION FORM FOR EMPANELMENT OF VISITING FACULTY/ VISITING LAB ASSISTANTS / INSTRUCTORS (PURELY TEMPORARY IN NATURE/ STOP GAP ARRANGEMENT ON HAURLY BASIS)

Affix your Passport Size Photo

Application for engagement for:

a. Visiting Faculty/ Subject expert in _____

b. Visiting Lab Assistant / Instructor in _____

1. Name in full (In Block Letters) Dr./Mr./Mrs./Ms.
2. Date of Birth:
3. Father's/Spouse Name:
4. Mailing Address. _____

_____

Mobile No.:
E-mail ID.:

5. Marital Status:
6. Nationality:
7. State of Domicile:
8. Category: SC/ST/OBC/General:
9. Educational Qualifications (**Starting from Matric**) IN **Chronological Order**:

Sr. No.	Examination/ Degree	Name of Board/ University	Subject(s)	Percentage of Marks/Final Grade	Year of Passing/ Award
1					
2					
3					
4					
5					
6					

(Please attach photocopies in support)

10. Details of Employment Experience: (In chronological order starting with the most recent) (Attach separate sheet if necessary):

Sr. No.	Name of Employer/ Organization/ Institution	Post held	Subjects Taught (if any)	Period of Employment		Pay/ Remuneration
				From	To	
1						
2						
3						
4						

(Please attach photocopies of experience certificates in support)

11. List of Enclosures:

(a) Copies of Mark-sheets & certificate of educational Qualification etc.

(b) Copies of other relevant certificate & documents

(c) Copies of Experience Certificates

12. **UNDERTAKING BY THE CANDIDATE:**

I, _____ S/o D/o W/o _____ do undertake that the information given by me in the application is true, complete and correct to the best of my knowledge and belief and that nothing has been concealed or distorted. I have read & understand all the detailed general instructions and Rules available on the Department Website i.e. https://www.techeduhry.gov.in/ and hereby give my consent for the same. Further, I will not claim any legal right for continuation /regularization/ absorption in future.

Date:

Place: **(Signature of the Applicant)**