## **APPLICATION FORM FOR THE POST OF GUEST LECTURER - 2025-26**

Sub	<u>iect:-</u>
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1. NAME:

2. Address:

3. Age & Date of birth:

4. Category : (SC / ST / Minority / Differently Abled)

5. Mobile Number :

6. E-Mail ID :

7. Registration No. :

(At DyDCE Kozhikode)

## 8. Qualification Details: -

Academic Record	Course/Stream of studies	Obtained Mark	Maximum Mark	Percentage
Graduation				
Post-Graduation				
M-Phil				

## Whether the Candidate have:-

9. PhD : Yes No

10. NET with JRF: Yes No

11. NET : Yes No

12. SLET/SET: : Yes No

13. Number of Research Publications Published in Peer-

Reviewed or UGC listed Journals (include CARE List Number) :

14. Details of Research publications

15. Years of Teaching / Post-doctoral Experience. :

16. Details of Teaching / Post-doctoral Experience:					
17. Whether the Candidate have International Level / National	al Level Awards : Yes/No				
(Awards given by International Organization/ Government of India/ Government of India recognised National Level Bodies)					
18. Details of International Level / National Level awards	÷				
19. Whether the Candidate have State Level Awards	: Yes No				
(Awards given by state Government)					
20. Details of State Level Awards	:				
21. Whether the Candidate have Rank listed or short listed in Kerala PSC: If 'Yes' give the details					
** (Note: Attach self-attested copies of all the relevant documents)					
<u>Declaration</u>					
I hereby declare that all the statements made in the application are true, complete and correct to the best of my knowledge and belief.					
complete and correct to the best of my knowledge and bellef.					
Place :	Signature :				
Date :	Name:				