

T.M Jacob Memorial Govt. College Manimalakunnu, Koothattukulam

Website: www.tmjmgcm.ac.in

Oliyappuram, Ernakulam- 686662, Ph: 0485 2252280, email: Ernakulamgcmanimalakunnu@yahoo.co.in

1. Application for the Post of Guest Lecturer in :
2. For the year :
3. Name of Applicant (in capital letter) :
4. Age & Date of Birth :, //....., (Marital status)
5. Male/Female :
6. Religion & Community :.....
7. Address with pin code :.....
8. Mob no & email id
9. Whether registered in the Deputy Directorate of Collegiate Edn (Ernakulam) : Yes/No -
10. If yes, Register Number :
11. Educational Qualifications

Sl No	Qualifications (subject)	% of Mark	Name of Board/University	Month & Year of Pass
1	PG			
2	NET			
3	Ph.D.			
4	M. Phil.			
5				
6				

12. Experience

Sl No	Name of Institution where worked (in last 3 yrs)	Nature of Work	Period (in academic year)	Experience in months
1				
2				
3				

13. Declaration

I,do hereby declare that the particulars given above are true & correct to the best of my knowledge and belief.

Place:

Date :

Signature of the applicant: