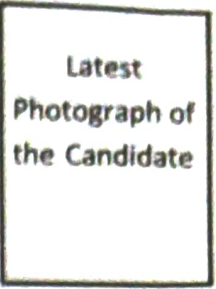


**REGISTRATION INFORMATION FORM  
(For Guest Faculties Engagement Of Upgraded HSS)**

**BIO DATA**



1. Name of the Post, applied for : \_\_\_\_\_
2. Name in full (IN BLOCK LETTERS) : \_\_\_\_\_
3. Father's /Husband Name : \_\_\_\_\_
4. Date of Birth : \_\_\_\_\_ Age : \_\_\_\_\_
5. Whether SC/ST/OBC/General : \_\_\_\_\_ Caste : \_\_\_\_\_
6. Marital Status : Married / Unmarried
7. Tel./Mobile No. : \_\_\_\_\_
8. Email ID : \_\_\_\_\_
9. Address for Correspondence : \_\_\_\_\_
10. Educational Qualifications : \_\_\_\_\_

Sl.No.	Name of Examination	Name of School / College/Board/ University	Year of Passing	Subjects (+2 and above) (Three main Subjects only)	Division /Class	Percentage

11. Teaching Experience ((If any): \_\_\_\_\_

Sl.No.	Period		Post held	Name of the Office
	From	To		

**Declaration**

I hereby declare that the information furnished above is true, complete and correct to the best of my knowledge and belief. I understand that in the event of my information being found false or incorrect at any stage, my candidature/ appointment shall be liable to cancellation / termination without notice or any compensation in lieu thereof.

Date : \_\_\_\_\_

Place : \_\_\_\_\_

Signature of the Candidate