

**APPLICATION FOR ENGAGEMENT OF GUEST FACULTY ON CONTRACTUAL BASIS IN IASES / CTES / GOVERNMENT TEACHER EDUCATION INSTITUTIONS OF THE STATE OF ODISHA FOR THE SESSION \_\_\_\_\_**

Name of the institution applied to \_\_\_\_\_

Post Applied for \_\_\_\_\_

1. Name of the Candidate
2. Father's/Husband's Name
3. Date of Birth
4. Marital Status
5. Category (SC/ST/OBC/UR/PWD)
6. Nationality
7. Gender (Male/Female)
8. Languages known
9. Permanent Address

10. Present Address

11. Contact No. (Functional)

12. E-mail ID

13. Educational Qualification

(attach self-attested Photocopy of all Certificates and Marksheets)

Examination Passed	Board / University	Year of Passing	Division / Grade	Full Marks	Marks Secured	% of Marks
10th						
+2 (Arts / Science/Commerce)						
+3 (Arts / Science/Commerce)						
MA (Education)						

80

PG (School subject)						
B.Ed						
M.Ed						
M.Phil. in subject						
Ph.D. (Education/any school subject)						
UGC-NET/JRF						

**14. Teaching Experience (IASE / CTE / Government Teacher Training College / Government College / Government Aided College)**

Sl. No	Name of the Organization/ Institution	Type of organization (Government /Aided/ Private)	Designation	Nature of Work	Period of Service

**15. Other Technical / Professional Qualification (if any)**

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**DECLARATION**

I do hereby declare that all the information given above are true to the best of my knowledge and belief.

Place :

Date :

Full Signature of the Applicant



**DECLARATION BY VERIFYING OFFICER/ HEAD OF THE INSTITUTION**

Details as given in this Application of \_\_\_\_\_ (name of the candidate)  
for the post of \_\_\_\_\_ are verified and found correct.

Remarks (if any) : \_\_\_\_\_  
\_\_\_\_\_

Name : \_\_\_\_\_

Designation: \_\_\_\_\_

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

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

**Full Signature and Seal of the Principal**