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RAJ RISHI BHARTRIHARI MATSYA UNIVERSITY, ALWAR

(Temporary Office : Girls Hostel Building, Babu Shobha Ram Govt. Arts College Campus, Alwar)

Phone: 0144-2730321, 2730327, 2980046 FAX: 0144-2730321 Website: www.rrbmuniv.ac.in

Application form for Preparing A Panel of Guest Teachers for PG Classes

The hard copy of duly filled in Application form is to be submitted to the office of the Assistant Registrar along with self attested photocopies of the mark sheets of Secondary onwards. Application can also be sent on email id-rrbmuniv.it@gmail.com

| | | Subject : | | | | | | | | | | | | | | | |
|-----|-----------------|---|-----------|-----------|-------------------|-------------|-------------|-------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|---|---------------------------------|
| 1. | Name of Ap | plicant : | | •••• | | | •••• | • • • • • | | •••• | | | •••• | | | Pho | te Lates oto with gnature |
| 2. | Father's Na | me : | • • • • • | | •••• | • • • • • | | ••••• | •••• | •••• | • • • • • | • • • • • | •••• | • • • • • | | SIE | gnature |
| 3. | Mother's Name : | | | | | | | | | | | | | | | | |
| 4. | Gender : (M | lale/Female) | e) | | . . | | | •••• | · • • • • | • • • • • | | · • • • • | | | | | ••••• |
| 5. | Address: | | •••• | | | •••• | ••••• | • • • • • • | •••• | • • • • | • • • • • | | | •••• | | | ••••• |
| | | | • • • • • | • • • • • | •••• | • • • • • • | •••• | ••••• | •••• | •••• | | •••• | •••• | • • • • • | | • • • • • • | |
| 6. | State : | | •••• | •••• | · • • • • | •••• | • • • • • | | | • • • • • | | •••• | | | •••• | | ••••• |
| 7. | Domicile : H | Rajasthan/O | Oth | her | r Sta | ate . | | | | · • • • | | | | | | ••••• | |
| 8. | Mobile No. | : | •••• | •••• | | •••• | • • • • • • | | | | | | | | | | |
| 9. | Date of Birt | :h: | •••• | · • • • • | • • • • • | • • • • • | •••• | | | •••• | | | •••• | | •••• | • • • • • • • | |
| 10. | E-Mail: | • | •••• | •••• | · • • • • | | | •••• | • • • • • | • • • • • | •••• | | • • • • • | | | | |
| 11. | AADHAR C | ard No. : | · • • • • | · • • • • | | • • • • • • | •••• | | | • • • • | | •••• | •••• | •••• | • • • • • | • | |
| 12. | Category:. | ••••• | •••• | •••• | | | • • • • • | | | •••• | | • • • • • | • • • • | | •••• | | |
| 13. | PWD (Perso | ons with Disa | abi | oilit | ty): | Yes | s/No | o | | | •••• | | | | •••• | | |
| | (if Yes, attac | ch the requir | red | d C | Cert [:] | ifica | ite) | | | | | | | | | | |

14. Educational Qualification:

| Name of Exam. | Board/ University | Subject | Year | Max. Marks | Marks Obtained | Percentage % | Div. | Result (Declared/ Awaited) |
|---------------------|----------------------|---------|------|---------------|-------------------|--------------|------|----------------------------------|
| Secondary | | | | | | | | |
| Senior Secondary | | | | | | | | |
| U.G. | | | | | | | | |
| P.G. | | | | | | | | |
| Net/Slet | | | | | | | | |
| M.Phil. | | | | | | | | |
| Ph.D. | | | | | | | | |
| Other | | | | | | | | |

15. Experience (Please enclose photocopy of Certificates) :

| | Name of | Class | Tea | Remarks | | |
|------|-------------|--------|------|---------|----------------|--|
| S.N. | Institution | Taught | From | То | Total Years | |
| | | | | | | |
| | | | | | | |

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| | Bank Account No |
|---|-----------------|
| > | Name of Bank |

> Branch IFSC Code

Certified that all above entries are correct to the best of my knowledge and belief.

Signature of Applicant