BENGALURU NORTH UNIVERSITY

Administrative Office: Sri Devaraj Urs Extension, Tamka, Kolar – 563 103. **City Office:** Jnana Jyothi Auditorium, Central College Campus, Bengaluru – 560 001 **Website:** http://bnu.ac.in Email: registrar@bnu.ac.in bangalorenorthuniversity2017@gmail.com

APPLICATION FOR THE POST OF GUEST FACULTY IN _________(MENTION THE SUBJECT)

(Submit separate application for each subject)

1	Name of the Applicant :							
2	Address for correspondence					Affix recent Pass	-	
		Cell						
		Email:						
3	Category			GM / SC / ST / CAT-I / IIA / IIB / IIIA/ IIIB				
	Whether belongs to 371(J):			Yes/No (If yes attach the necessary documents)				
4	Date of Birth and Age							
5	Qualification : (Enclose relevant attested documents)							
	Sl. No.	Particulars of the Degree	Name of the Universit	Max Marks	Marks obtained (Aggregate	Percentage of Marks (Aggregate)	Year of Passing	
	1.	Master Degree						
	2.	M.Phil						
	3.	PhD						
6.	Wheth	er passed JRF/NET/		Yes/	No			
		f Passing with score						

Sl.No	Name of the Institution / University Department	UG/PG	No of years	Full/Part time
1				
2				
3				
4				
	Total I	No of years		
Researc	h Experience, Please specify			
The Pap	The Papers Published		lications ne list)	
(Enclose	(Enclose relevant attested documents)			
		Internation	al	
		State Level	1	
	r served as Guest Faculty in revious year(s) in the			
constitu	ent colleges of the			
departn				
served.	the relevant Documents)			
	Status / Work place			
Other in	nformation if any.			
List of	Enclosures	1.		
		2.		
		3.		
		1 4		
		4. 5.		

❖ Note: The application form should be submitted in two (02) sets along with attested copies of Testimonials / Certificates/ Caste /category Certificates / Marks Cards and detailed bio-data. Any information given without proper proofs will not be considered. The claims has to be authenticated with the original documents at the time of interview

DECLARATION

- 1. I hereby declare that the particulars furnished above are true to the best of my knowledge and belief.
- 2. If given an opportunity, I assure that, I shall discharge my all responsibilities to the level of satisfaction of my superiors / University.
- 3. I understand that this is purely temporary assignment for the required limited period only. I shall not be involved in any indisciplinary behaviour.
- 4. I know the service conditions of the Guest Faculty which has no relation to the sanctioned post in the University.
- 5. I will not claim the services of the Guest Faculty for regularization of services.
- 6. I agree for all the terms and conditions stipulated by the University in the process of appointment of Guest faculty and also termination of my position as Guest Faculty.
- 7. I am not working in any full time job/ academic degree at present and I will not do so during my period of appointment at your institution.

Date:	
Place:	[
	NAME AND SIGNATURE