

Guest Faculty Application Form

Name of Institution:- Government Industrial Training Institute ,Shopian

Post Applied For :- _____

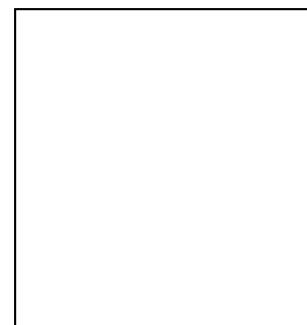
Name (in Block Letters):- _____

S/D/W/O :- _____

Present Address:- _____

Mobile Number:- _____

E-Mail ID: _____



Academic Qualification

S. No	Examination Passed	School/College/ University	Year Of Passing	Max. Marks	Marks Obtained	% of Marks
01						
02						
03						
04						

Technical Qualification

S. No	Examination Passed	School/College/ Institute/University	Year Of passing	Max. Marks	Marks Obtained	% of Marks
01						
02						
03						

Work Experience , if any

S. No	Name of Organisation/ Institution	Designation	Period		Duration in	
			From (Date)	To (Date)	Years	Days
01						
02						
03						

I hereby declare that the above information furnished above is complete and true to the best of my knowledge.

Date: Signature of Applicant

Place:

-----To be handed over to Applicant-----

For Office Use Only

Received an application form of -----S/D/W/O-----

----- R/O ----- Applied for -----

----- Vide Receipt No. ----- Dated: -----

Name of Dealing Assistant
(Govt. ITI Shopian)

Sign. Of Dealing Assistant

