NATIONAL SKILL TRAINING INSTITUTE FOR WOMEN, PANIPAT APPLICATION FORMAT FOR ENGAGEMENT AS GUEST FACULTY

Post A _l	pplied for :									
1. Nar	ne		:							
2. Father's Name			:							
3. Date of Birth			:							
4. Whether belongs to SC/ST/OBC			:							
5. Religion			:							
6. Don	nicile		:							
7. Nationality			:							
8. Mai	ling address (with PIN Co	de)	:							
9. E-m	ail address		:							
10. Mc	bile No.		:							
11. Ed	lucational/Technical Quali	fication (Fr	om S	SSC onwar	rds):					
S.No.	Course	Subject	Subject		University/ Institute		Year of passing		Division/Class	
12. W	ork Experience :						·			
S.No.	Organization/Institute	Period	F	rom	То		Nature of Work		Remarks	
			+							
I decla	are that above information	is true and o	corre	ect.						
Place:				(Signature of Candidate) Name:						
Date :_										

Note:- Kindly attached a self-attested copy of each SSC, HSC, BE / B.Tech / Diploma, Caste certificate, Experience certificate, Aadhar Card , PAN card etc. along with the application.