



Sardar Patel University, Mandi

(A State Government University)

Annexure-I



APPLICATION FORM FOR GUEST FACULTY

SESSION 2025-26

Affix recent
passport size
colour photograph
(Self-attested on
the front)

Name of the Post Applied for.....

Advt. No..... Dated:.....

1. Name of the Candidate :

2. Father's /Husband's Name:

3. Date of Birth :

4. Marital Status :

5. Category :

6. Nationality :

7. Sex (Male/Female) :

8. Languages known :

9. Permanent Address:

Contact No.

E-mail ID:

10. Present Address :

Contact No.

E-mail ID:

11. Educational Qualification (attach self-attested Photocopy of all Certificates and Mark sheets)

Examination Passed	Name of Board / University	Year of Passing	Division /Grade	Full Marks	Marks Secured	% of Marks
10 th						
10+2						
UG						
PG						
Ph.D.						
Any Other						

☐ Technical / Professional Qualification (if any) :.....

☐ Any other Information:.....

12. Teaching/Research Experience:

17. **Participation in Conference / Seminar / Symposia / Workshop :**

Type of Participation (oral/ poster/ invited lecture presentation)	Status (International /National/ state/ local)	Title of Paper	Year

18. **Whether Editor or Member of Editorial Board of referred Journal (Yes /No) :**

Name of Journal	Year

19. **Brief statement on your viewpoint about teaching:**_____

20. Have you ever been disqualified during your studies at College/University? (Yes/No):

21. Have you ever been punished during your service or convicted by a court of law? (Yes/No):

22. Were you at any time declared medically unfit or asked to submit your resignation or discharged or dismissed? (Yes/No):

23. Do you have any case pending against you in any court of law? (Yes/No)

D E C L A R A T I O N

Certified that all the information furnished above by me is true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information found false/incorrect/suppressed or any ineligibility being detected before or after the interview/selection, my candidature is liable to be cancelled/my services are liable to be terminated and no correspondence will be entertained by SPU Mandi in this regard.

Place:.....

Date:.....

Full Signature of the Applicant

(For Office use only)

Details as given in this Application are verified and found correct:.....

Remarks (If Any):