Application Form for Visiting Lecturer Post- Academic Year 2019- SLIATE

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1.	Name in Full (Dr./Mr./Mrs./Miss	s.)					
2.	Name with Initials						
3.	Date of Birth						
4.	Contact Information						
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	Phone Number- Officia	1					
	Mobile Mobile		E-mail				
5.	Academic Qualifications:						
	Name of the Degree	Name of	the University	Year			
	i.						
	ii						
	iii						
6.	Professional Qualifications		(1) (1) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4				
	Name of the Qualification	Name of	the Institute	Year			
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	ii						
	Other Qualifications						

	Position	From	То		Years
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Teaching Exper	ience:-		,		
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