

BISHOP ABRAHAM MEMORIAL COLLEGE*(Affiliated to Mahatma Gandhi University, Kottayam & NAAC Accredited)*

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THURUTHICAD, PATHANAMTHITTA, KERALA 689 597, INDIA**APPLICATION FOR THE POST OF GUEST LECTURER**

1. Subject for which Application is Submitted :
2. Full name (in Capitals) (as in SSLC / Equivalent):
3. Sex : Male/ Female/ Transgender
4. Person with Disability (if YES, attach proof) : YES / NO
5. Date of Birth & Age (completed years) :
6. Religion & Denomination :
7. Marital Status : Single/ Married
8. Permanent Address :
9. Present (Mailing) Address with PIN Code :

10. Other Contact Details

WhatsApp. No. _____ Mobile No: _____

e-mail: _____

11. Academic Qualifications: (attach copies of degree certificates and mark lists)

Course/Programme	Name of the University/Board.	Period of Study	Year of Passing	% of Marks /Grade	RANK, If any.
B.A./B.Sc./B.Com.					
M.A./M.Sc./M.Com.					
M.Phil.					

12. Tick all your relevant qualifications (attach copies of certificates)

NET	<input type="checkbox"/>
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JRF	<input type="checkbox"/>
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Ph.D.	<input type="checkbox"/>
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13. Other/Additional Academic Qualifications, if any (attach separate sheet if necessary)

14. Teaching Experience: (only approved services to be given chronologically, attach proof)

Name of Institution	Position held	Period of service		Total Years / months
		From	To	

15. Research Papers in UGC approved Journals (attach separate sheet if necessary)

Title of Paper	Name of Journal	No. of Authors	International/ National

16. Chapter in Edited Books / Books Relevant to subject (attach separate sheet if necessary)

Title of Book	No. of Authors	International/ National	ISBN No.

17. Post- Doctoral Experience, if any (attach separate sheet if necessary):

Name of Institution	Period of service		Total Years / months	Remarks
	From	To		

18. Knowledge of using Innovative Teaching-Learning methodologies in Teaching:

Declaration

I hereby declare that the information given in this application is true and correct to the best of my knowledge and belief.

Place:

Date:

Name and Signature of the Applicant