**MARY MATHA ARTS & SCIENCE COLLEGE MANANTHAVADY**

(Government Aided College Affiliated to Kannur University)

Re-Accredited by NAAC with A+ Grade

**Vemom P. O., Mananthavady, Wayanad Dist – 670645, Kerala, India**

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**APPLICATION FORM FOR GUEST LECTURER (2025-26)**

**Post applied for : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Name (In block letters) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Father’s Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Mother’s Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. D.O.B (mm/dd/yyyy) : \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Category (Gen/SC/ST/PWD etc…) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Gender (Male/Female) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Nationality: : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. DDCE Reg. No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. Correspondence Address: : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Mob.No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E Mail ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Permanent Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Specialization : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Academic Qualification

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Course | University / Board | Year of Passing | % of Marks | Class |
|
| Matriculation/ 10th |  |  |  |  |
| 12th |  |  |  |  |
| UG |  |  |  |  |
| PG |  |  |  |  |
| M.Phil |  |  |  |  |
| Ph.D |  |  |  |  |
| Any Other |  |  |  |  |

1. Whether the candidate qualified UGC NET/JRF: Yes / No

(Reg. No. & Year of Passing): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Teaching Experience:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl.No** | **Name of the Institution** | **From(mm/dd/yy)** | **To(mm/dd/yy)** | **Total Experience** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. Research experience :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Other information, if any : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Declaration to be signed by the candidate**

I hereby declare that all the entries made in this application are correct and true to the best of my knowledge and belief. If at any time, I am found to have concealed/ suppressed any material/ information or give any false details, my appointment shall be liable to be summarily terminated without prior notice or compensation.

Date:

Place: Signature of the Applicant

**NB: *Photocopies of all the relevant certificates should be attached with the application form.***