**PONDICHERRY UNIVERSITY-PORT BLAIR CAMPUS**

**SCHOOL OF MANAGEMENT**

**DEPARTMENT OF MANAGEMENT STUDIES**

Proforma for the Application of Guest Faculty in MBA Programme, Port Blair Campus

**1. Personal Details**

|  |  |
| --- | --- |
| 1. **Name of the Applicant**   **(In Block Letters)** |  |
| 1. **Date of Birth (DD/MM/YYYY) and Age** |  |
| 1. **Gender (Male / Female/ Transgender)** |  |
| 1. **Marital Status (Married / Unmarried)** |  |
| 1. **Nationality and Religion** |  |
| 1. **Community:**   **(GEN / OBC / SC / ST / EWS)** |  |
| 1. **Particulars of Physically Differently Abled, if applicable** |  |
| 1. **Father’s Name** |  |

**2. Contact Details**

|  |  |  |
| --- | --- | --- |
| **Permanent Address** | **Mailing Address** | |
| PIN code : | PIN code : | |
| Email: | | |
| Mobile Number1: | | Mobile Number2: |

**3. Educational Qualifications**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sl.**  **No.** | **Examination Passed** | **Year of Passing** | **Board/University/ Institute** | **Subject/Discipline** | **Percentage/ CGPA** | **Class/ Division** |
| **1.** | **X (10th)** |  |  |  |  |  |
| **2.** | **XII (10+2)** |  |  |  |  |  |
| **3.** | **UG** |  |  |  |  |  |
| **4.** | **PG** |  |  |  |  |  |
| **5.** | **Ph D** |  |  |  |  |  |
| **6.** | **Others 1** |  |  |  |  |  |
| **7.** | **Others 2** |  |  |  |  |  |

**4. NET/Equivalent Qualified:**

|  |  |  |  |
| --- | --- | --- | --- |
| **UGC-NET/Equivalent** | **Year of Passing** | **Subject** | **Rank / Percentile** |
|  |  |  |  |
|  |  |  |  |

**5. Teaching Experience:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| S.No. | Designation | Institution / University / College | Temporary / Permanent | Period (DD/MM/YYYY) | | Length of service |
| From | To |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**6. Research/Industry Experience:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| S.No. | Designation | Institution / University | Temporary / Permanent | Period (DD/MM/YYYY) | | Length of service |
| From | To |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**7. Other relevant Information:**

I certify that the information provided in the duly filled proforma is correct as per records enclosed.

Date :

Place :

Signature of the Applicant