

Format for empanelment of Faculty

- 1. Name of the Faculty:**
- 2. Date of Birth:**
- 3. Address for Correspondence:**

- 4. Contact landline number:**

- 5. Fax number:**

- 6. Mobile number:**

- 7. E-mail ID:**

- ## 8. Educational Qualifications:

[illegible]

9. Area of Specialization

SI. No.	Area of Specialization

10. ServiceDetails

a.Designation

b. Whether Central of State Government:

c. Organization/Department/Ministry:

d. Address:

e. Date of Joining the Service:

f. Date of Retirement/leaving the Service: