

**SRI SATHYA SAI ARTS & SCIENCE COLLEGE (AIDED)**  
**SAIGRAMAM, OORUPOIKA P.O-695104, THIRUVANANTHAPURAM**

**Application for the post of Guest Lecturer in ..... during 2024-25**

<b>1.</b>	Name (in CAPITAL LETTERS)	
<b>2.</b>	Age & Date of Birth	
<b>3.</b>	Sex	
<b>4.</b>	Religion & Caste	
<b>5.</b>	Marital Status	
<b>6.</b>	Name of Guardian	
<b>7.</b>	Residential Address	
<b>8.</b>	Permanent Address	
<b>9.</b>	Contact Number & E Mail id	
<b>10.</b>	PG Marks & Percentage	
<b>11.</b>	NET/JRF	
<b>12.</b>	PhD/M Phil	
<b>13.</b>	Years of Teaching Experience	
<b>14.</b>	Enrolment Number at Deputy Director of Collegiate Education Office	

**Declaration**

Certified that the information given above are true and genuine to the best of my knowledge and belief, if proved incorrect the authorities have the power to cancel my application.

Place :  
Date :

Signature :

Name :