

**APPLICATION FORM FOR GUEST FACULTY (SESSION, 2024-25)  
SHAILABALA WOMEN'S HIGHER SECONDARY SCHOOL, CUTTACK.**

SUBJECT/DEPARTMENT \_\_\_\_\_

Retired teacher

Fresh Candidate

**1. APPLICANT INFORMATION**

a	CANDIDATE NAME (IN BLOCK LETTERS)	
b	DATE OF BIRTH	
c	CONTACT NO.	
d	ADDRESS FOR CORESPONDENCE.	
e	EMAIL ID	
f	FATHER'S NAME	
g	AADHAAR CARD NO.	

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PHOTO

**2. ACADEMIC DETAILS**

SL. NO.	NAME OF EXAM PASSED	NAME OF BOARD/ UNIVERSITY	YEAR OF PASSING	TOTAL MARK	MARK SECURED	% of MARKS	DIVISION
a	Master Degree						
b	B. Ed.						
c	Bachelor Degree						
d	+2 or Equivalent						
e	HSC or Equivalent						
f	Computer Course						

Additional Qualification, (if any) \_\_\_\_\_

**3. TEACHING EXPERIENCE**

SL NO.	COLLEGE/INSTITUTE NAME	STREAM	YEAR / MONTHS OF EXPERIENCE

**DECLARATION**

**I hereby declare that the above given information is correct to the best of my knowledge and belief.**

Date:

Place:

\_\_\_\_\_  
Full Signature of Candidate

**Encl: Self attested photocopies of Academic, Experience, Andhaar.**