

To,  
The Principal  
Govt. Homeopathy Medical College and Hospital  
Bhopal.

Reference: Adv. number .....

Subject: Application for Guest Faculty.

Name :  
Age :  
Date of birth :  
Address for communication:

Phone / Mobile :  
Email :

Educational Qualifications: (Can use Separate Sheet if Needed)

SN	Year of passing	Qualification	Specialisation or Subjects	Board/University	Marks Obtain/Total Marks::: Percentage	Remarks
		SSC / 10 <sup>th</sup> / —				
		HSC / 12 <sup>th</sup> / —				
		Graduation				
		Post graduation				
		Any other				

**Teaching / Work experience:** (Can use Separate Sheet if Needed )

<b>SN</b>	<b>From ::: To</b>	<b>Organisation</b>	<b>Designation</b>	<b>Job responsibilities</b>	<b>Any other relevant information</b>

**Declaration**

**I hereby declare that whatever information given is true and can be verified at any time.**

**I am also aware that I am filling this form for Guest Faculty.**

**The selection will be based on as per the Rules of Autonomous rules of Institute.**

**Place**

**Signature**

**Date**

**Name :**