Application for the Post of Visiting Lecturer Academic Year 2023/2024 – 2nd Semester - SLIATE

	Prefer	red place (ATI) to serve	Preferred Programmes & Sub	ject areas
1			·	
2				
3				
1.	Nam	ne in Full (Dr./Mr./Mrs./Miss.))	
2.	Nam	e with Initials		
3.	Date	of Birth		
4.	Cont	act Information		
		Postal Address		•••••••
				••••••
		Phone Number- Official		
		Mobile -	E-mail	
5.	Acad	lemic Qualifications:		
		Name of the Degree	Name of the University	Year
	i.			***************************************
	ii.			•••••
	iii.			
6.	Profe	essional Qualifications		
		Name of the Qualification	Name of the Institute	Year
	i.			
	ii.			

		fications			14 () 15 ()				
8.	Working Experience								
	,		Position	From	То	Years			
	Present								
	Past								
					<u></u>				
9.	Teaching Experience:-								
	Institu	ite	Name of Programm	es Subject		Number of Years			
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