

GOVERNMENT OF AUNACHAL PRADESH

Department of Skill Development & Entrepreneurship.

Self attested photograph

APPLICATION FORM FOR GUEST FACULTY

1. (a) Applicant's Name _____

(b) Address for communications _____

(c) Trade Interested in Teaching _____

(d) Interested in Teaching: - Theory / Practical (Tick the Appropriate)

(e) Name the ITIs where Applicant is Interested in Teaching (In order of preference)

2. Mobile No. _____

3. E-mail Id _____

4. Date of Birth (DD/MM/YY) _____ Age as on 01.07.2025
(Year/Months/Days) _

5. Education / Professional Qualifications:

S N	Qualification	Name of Institute/University	Duration of the course	Whether Full-Time or otherwise (Please mention, if applicable)
1	2	3	4	5

(Should be exactly as per Degree/Diploma issued by the University.)

6. Positions held (in support of the total experience)

S N	Complete Designation	Name of the organization	Pay Scale	Period From/to		Brief Job Profile
1	2	3	4	5		6

(The position should be indicated in order of the most recent assignment.)

7. (a) Whether any penalty/punishment was awarded to the applicant during the last 3 years.

Yes	No
-----	----

If yes, the details thereof-

- i) Civil /Criminal-
- ii) Department Enquiry-

(b) Whether any civil or criminal action or enquiry is going on against the applicant as far as his/her knowledge goes:

Yes	No
-----	----

If yes, the details thereof-

- i) Civil/Criminal-
- ii) Department Enquiry-

8. I certify that the details furnished above by me are true to the best of my knowledge & belief.

(Name & Signature of the applicant)