GOVT. POLYTECHNIC, UMRI (KURUKSHETRA)

APPLICATION FORM FOR ENGAGEMENT AS VISITING FACULTY/ INSTRUCTOR.

FOR ODD SEMESTER 2026

Photo

Department / Branch:_____ Subject:_____

Name of Applicant:_____

Father's Name:_____ Contact No.:_____

Date of Birth:_____ Gender:_____

Address:_____ Email:_____

Education Qualification:

Sr. No.	Degree	Year of Passing	Percentage /CGPA	Subject	Board /University	If any
1	10th					
2	12th					
3	Graduation					
4	Post Graduation					
5	UGC/NET					
6	Ph.D.					

Note:- All above documents are required in original at the time of interview.

Declaration:- I hereby declare that the information furnished by me is true and correct to the best of my knowledge and belief.

Place:_____ (Applicant Signature)

Date:_____