PH: 7627884418,7627884419

Signature of the Applicant

LYALLPUR KHALSA COLLEGE

URBAN ESTATE, KAPURTHALA

1. Name (in Block Letters)						
2. Father's/ Husband's Name3. Date of Birth4. Present Pay (if any)						
5. Total Teaching Experier	nce (if any)					
6. Any other Experience						
7. Address for Correspondence						
8. Mobile No.				ail:		
ACADEMIC QUALIFICATION	N					
Examination	Subject	Year	F	Division/ Percentage Obtained	Institution from where passed	Universi Board
Matric						
10+2						
B.A./B.Sc/B.Com/BCA & Equivalent						
M.A./M.Sc/M.Com/MCA						
& Equivalent						
M.Phill/Ph.D						
(Any Other)						
UGC/NET/SLET/JRF						
DETAILS OF TEACHING EXF		1			<u> </u>	
Name of the Institution where you taught		Class	Classes Taught		Total length of the Experier	
L					1	

Date:....