

Notification Date: 18. 05.2018

Last Date for receipt of filled in application is 31.05.2018



THE TAMIL NADU DR.AMBEDKAR LAW UNIVERSITY

[State University establish by Act No.43 of 1997

Recognised by UGC under Section 12(B)]

"Poompozhi" No.5, Dr.D.G.S.Dhinakaran Salai, Chennai - 600 028



**APPLICATION FORM FOR EMPANELMENT OF
GUEST FACULTY - SCHOOL OF EXCELLENCE IN LAW**

SUBJECT

(To be filled by the candidate)

Affix Recent
Passport size
Photo

1	Name	:	
2	Father's/Mother's Name	:	
3.	Sex	:	
4.	Age and Date of Birth as mentioned in the SSLC Mark Statement	:	
5.	Nationality	:	
6.	Community (Enclose self-attested photocopy of the Community Certificate)	:	
7.	Address for Communication with Phone No. & E-mail ID	:	
8.	Permanent Address	:	

9. [a] Educational Qualifications:

S.No.	Examination Passed	Month & Year of Passing	Percentage of Marks/Grade	Regular	Institution/University

[Self-Attested copies of Mark Statements and Certificates should be enclosed]

10. Details of Eligibility Test Passed i.e.NET/SLET/M.Phil./Ph.D. :

S.No.	Examination Passed	Month & Year of Passing

[Self-Attested copies of Certificates should be enclosed]

11. Teaching Experience [University/College] UG/PG, if any:

S.No.	Post held with name of the Institution	Temporary/ Permanent	Duration		Total No. of Years
			From	To	
1.					
2.					
3.					
4.					

[Self-Attested copies of Certificates should be enclosed]

12. Bar Experience, if any :

Bar Association in which the candidate has been associated	Duration		Total No. of Years
	From	To	

[Self-Attested copies of Bar Enrolment Certificate and the Bar Experience Certificate should be enclosed]

13. Research Experience: [Self-Attested Photocopies to be enclosed]

14. Any other information etc.

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. IF ANY THING IS FOUND INCORRECT, I AM LIABLE FOR THE CONSEQUENCES.

PLACE:

DATE:

SIGNATURE OF THE APPLICANT