

**APPLICATION FORM FOR ENGAGEMENT OF VISITING FACULTY IN SGTBSJ GOVT.  
POLYTECHNIC AMBALA CITY PURELY ON HOURLY BASIS FOR THE SESSION 2026-27**

Application for engagement for visiting faculty in : \_\_\_\_\_

1. Name in full (In Block Letters) Dr./Mr./Mrs./Ms.: \_\_\_\_\_

2. Date of Birth: \_\_\_\_\_

3. Father's Name: \_\_\_\_\_

4. Mobile No.: \_\_\_\_\_

5. E-mail ID: \_\_\_\_\_

5. Permanent Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Marital Status: \_\_\_\_\_

7. Nationality: \_\_\_\_\_

8. State of Domicile: \_\_\_\_\_

9. Category: SC/ST/OBC/General: \_\_\_\_\_

10. EDUCATIONAL QUALIFICATIONS (Starting with highest degree obtained):

| Sr. No. | Examination/Degree | Name of Board/University | Subject(s) | Percentage of marks/Final Grade | Year of passing/Award |
|---------|--------------------|--------------------------|------------|---------------------------------|-----------------------|
| 1       |                    |                          |            |                                 |                       |
| 2       |                    |                          |            |                                 |                       |
| 3       |                    |                          |            |                                 |                       |
| 4       |                    |                          |            |                                 |                       |
| 5       |                    |                          |            |                                 |                       |

Affix here a  
passport size  
Photograph

(Please attach photocopies in support)

11. Details of Employment Experience (Attach separate sheet if necessary):

| Sr. No | Name of Employer/Organization/Institution | Post held | Subject taught (if any) | Period of Employment |    | Pay /Remuneration |
|--------|-------------------------------------------|-----------|-------------------------|----------------------|----|-------------------|
|        |                                           |           |                         | From                 | To |                   |
|        |                                           |           |                         |                      |    |                   |
|        |                                           |           |                         |                      |    |                   |
|        |                                           |           |                         |                      |    |                   |
|        |                                           |           |                         |                      |    |                   |
|        |                                           |           |                         |                      |    |                   |

(Please attach photocopies of experience certificate in support)

12. List of Enclosures:

- (a) Copies of Mark-sheets & Certificates
- (b) Other relevant certificates/documents
- (c) Experience Certificates

13. DECLARATION:

I.....S/o/D/o/ .....do undertake, that I am aware that this appointment is purely on hourly basis and stop gap arrangement on need basis. I hereby declare that the information given by me in the application is true, complete and correct to the best of my knowledge and belief and that nothing has been concealed or distorted. I have read all the detailed general instructions available on the institute website ie. <https://gpambala.ac.in/> and hereby give my consent for the same. Further I shall not confer any right or claim for regularization. If at any time, I am found to have concealed/distorted any information or given any false statement, my application/engagement shall be liable to be summarily rejected/ terminated without notice or compensation.

Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Place: \_\_\_\_\_