

Tel: 0294-2470958, Fax: 0294-2470209

UNIVERSITY COLLEGE OF LAW









APPLICATION FORM FOR EMPANELMENT/ ENGAGEMENT OF GUEST FACULTY (PERIOD BASIS) FOR THE SESSION 2023-24

Instruction:

- 1. Separate application is required for each subject.
- Application duly filled should be submitted to the Concerned Department, University College of Law, University Campus, M.L. Sukhadia University, Udaipur 313001 (Raj.).

AFFIX PHOTO

- 3. The application will not be entertained after the prescribed last date.
- 4. No T.A./D.A. shall be paid for attending interview, if conducted.
- 5. Self-attested copies of mark sheets, certificates, proof of payment must be enclosed with the application.
- 6. Incomplete form will be rejected without any notice.

PART - A

(To be filled in the candidate's own handwriting)

1.	Name of the Subject/Course applied for	
2.	Advertisement No. & Date	
3.	Category (please tick)	(i) Retired teacher from University/College
		(ii) Teacher working in other institution
		(iii) Advocate
		(iv) Others
4.	Name of Candidate in BLOCK LETTERS	
5.	Reservation category (General/ SC/ST/OBC-	
	NCL/MBC-NCL, EWS, PWD. (attach	
	certificate)	

6.	(a) Father's Name	
	(b) Spouse Name if applicable	
7.	Date of Birth	
8.	Permanent address in Full	Pin Code : Telephone No. Mobile No. Email :
9.	Present Address (if different from above)	

7. Education Qualifications

Examination passed	Board/University	Year	Subjects/Specialization	Division	Marks in % /CGPA
Secondary					
Senior Secondary					
Graduation					
LL.B.					
LL.M.					
M.Phil.					
Ph. D.			Title:		
JRF/NET/ SLET/etc.					

S. No.	Organization	Post held	From	То	Classes Taught
9. Researd	ch Experience (after Ph.D.)				
No. of year	s	_No. of papers publis	shed (Resear	ch Journals	s)
(Attach list	of publications with ISSN	No. publisher)			
	tion Fee Rs. 500/ - for Ger				
NCL cat	tegories shall be deposite	d at the cash count	er at Univer	sity College	e of Law, MLSU, Udaipu
betwee	n 10:30 AM to 1:00 PM.				
PART – B					
DECLARATI	ION				
I hereby de	eclare that all the entries in	n this form are true t	o the best o	f my knowl	ledge and belief and tha
I have not o	concealed any fact.				
•	gree to undertake teach			·	·
honorariun	n approved by the University	ersity as per requi	rement of t	he Univer	sity. I will abide by a
conditions	and will submit required, a	affidavit at the time	of allotment	of classes	on period basis.
Data			CICA	ATURE OF	THE CANDIDATE
Date			אוטוכ	ATURE UF	THE CANDIDATE

Place_____

Name :_____