

UNIVERSITY OF KERALA
UNIVERSITY INSTITUTE OF TECHNOLOGY
SENATE HOUSE CAMPUS
THIRUVANANTHAPURAM



Affix a recent
Passport Size
Photograph

Details of Fee remitted

DD# _____ Dated _____ Drawn on (Bank) _____ at (Branch) _____
University Pay-in-slip# _____ Dated _____ Amount Rs. _____

APPLICATION FOR THE POST OF PRINCIPAL

1. NAME : _____

2. SEX : _____

3. AGE & DATE OF BIRTH : _____

4. RELIGION/CASTE : _____ / _____

5. ADDRESS FOR CORRESPONDENCE :
(With phone no. if any) _____

6. EXPERIENCE*
(a) Teaching :

Name of Institution	Designation	Period	
		From	To

Total Teaching Experience : _____ Years _____ Months.

(b) Administrative:

Name of Institution	Designation	Period	
		From	To

Total Experience : _____ Years _____ Months.

7. Educational Qualifications

(a)

Course	M.A.
	M. Sc.
	M.B.A.
	M. Tech.
	M.C.A

Board/University	
Branch Specialisation	
Full time / Part time Distance Education	
Year of Passing	
Class/Division awarded	

(b)

Title	University	Faculty	Year of Award
-------	------------	---------	---------------

(c)

M/ Phil.				
Ph D.				

(d)

Others	1			
	2			
	3			
	4			
	5			

8. PUBLICATIONS

Name of Book/ Article Journal/Publisher Year of Publication

Name of Book/ Article	Journal/Publisher	Year of Publication

9. SEMINARS/CONFERENCES/WORKSHOPS ATTENDED(Give details)

10. ANY OTHER ACHIEVEMENTS (Give details)

**Attested copies of certificates should be enclosed.*

CERTIFICATE

I _____ solemnly affirm that the information furnished above are true and correct to the best of my knowledge and belief. I undertake to abide by the rules governing the appointment of contract Principals in the University. If selected, I understand the appointment is offered will be of purely temporary nature and will not confer on me any right or stake in any future appointments in the University.

Place:
Date:

Signature of Applicant.