

FORM TO BE AN ASSOCIATE

Name: -

Father Name: -

Date of Birth: -

Qualification: -

Present Occupation: -

Full present address: -

Full permanent address: -

Detail of the previous teaching experience (If any): -

.....

Are you presently associated with any other organization?

Yes

No

If yes, give details

.....

I hereby declare that the above given information is true to the best of my knowledge and belief.

Signature

(Name)

Date: -

Note: - ALL FIELDS TO BE MADE COMULPSORY