



Government Arts and Science College for Women, Malappuram, Kerala  
Malappuram P O, Kavungal; Pin: 676505  
Phone: 0483 -2972200, Mob 9188900203

Email: gwcmalappuram@gmail.com

Website: gwcmalappuram.ac.in

**APPLICATION FORM FOR THE POST OF GUEST LECTURER-2025-26**

**Subject:-**.....

1. NAME :
2. Address :
3. Age & Date of birth:
4. Category : ( SC/ST/Minority/Women/DifferentlyAbled)
5. Mobile Number :
6. E-Mail ID :
7. Registration No. :  
(At Dy DCE Kozhikode)

8. **Qualification Details:-**

| Academic Record | Course/Stream of studies | Obtained Mark | Maximum Mark | Percentage |
|-----------------|--------------------------|---------------|--------------|------------|
| Graduation      |                          |               |              |            |
| Post-Graduation |                          |               |              |            |
| M-Phil          |                          |               |              |            |

**Whether the Candidate have:-**

9. PhD : Yes No
10. NET with JRF: Yes No
11. NET : Yes No
12. SLET/SET: : Yes No

13. Number of Research Publications Published in Peer Reviewed or UGC listed Journals :

14. Details of Research publications :

15. Years of Teaching Experience / Post-doctoral  
Experience. :

16. Details of Teaching Experience / Post-doctoral  
Experience. :

17. Whether the Candidate have International Level/National Level Awards : Yes No

(Awards given by International Organisation / Government of India/  
Government of India recognized National Level Bodies)

18. Details of International Level /National Level awards :

19. Whether the Candidate have State Level Awards : Yes No

(Awards given by state Government)

20. Details of State Level Awards :

21. Whether the Candidate have Rank listed or short listed in Kerala PSC:

If 'Yes' give the details

**\*\* (Note: Attach self-attested copies of all the relevant documents)**

### **Declaration**

*I hereby declare that all the statements made in the application are true, complete and correct to the best of my knowledge and belief.*

**Place:**

**Date:**

**Signature:**

**Name :**