

GUJARAT COUNCIL ON SCIENCE & TECHNOLOGY

Department of Science & Technology, Government of Gujarat

APPLICATION FOR THE PANEL OF EXPERTS FOR MSQ PROGRAM

Please attach a
passport size
photograph

- 1. Name of applicant:**
(In Capital Letter)
- 2. Name of Father / Husband:**
- 3. Name and Address of the School /
College / organisation:**

4. Residential Address:

5. Date of Birth:

Age:

6. Mobile No:

7. Email id:

8. Educational Qualification:

Sl. No.	Name of Exam Passed	Board/ University	Year of Passing	Subject Taken	Class / Division
1					
2					
3					
4					
5					
6					

9. Professional Qualifications:

Sl. No.	Name of the Course	Institution/ Board/ University	Year of Passing	Subject Taken	Class / Division
1					
2					
3					
4					
5					

10. Details of Teaching Experience in chronological order

Name of employer Department	Date of joining	Date of leaving	Post held & Nature of duties	Scale of Pay / Basic Pay

11. Details of Innovative Projects / Methodologies / Smart Classes adopted for:

12. Awards/Honours received if any:

13. Are you willing to attend the MSQ Session any time as per the schedule: Yes/No

14. References:

They should be residents in Gujarat and holders of responsible positions. They should be intimately acquainted with applicant's Character and work but must not be relations. When the candidate has been in employment he should either give his present or most recent employer or immediate superior as a referee or produce a testimonial from him in regard to the candidate's fitness for the post for which he is an applicant.

1. Name:
Occupation or position:
Address with email & Contact No:

2. Name:
Occupation or position:
Address with email & Contact No:

3. Name:
Occupation or position:

Address with email & Contact No:

15. Copies of testimonials from

- 1.
- 2.
- 3.

Attested copies of not more than three testimonials should be submitted. Original testimonials should not be submitted unless asked for.

DECLARATION

I do hereby declare that the particulars furnished by me above are correct to the best of my knowledge and belief

Date:

Place:

Signature of the Applicant

ENDORSEMENT BY THE HEAD OF THE DEPARTMENT OR OFFICE

Certified that the particulars furnished in this application by Dr/Mr/Ms/Mrs.
..... who is working as in the School /
College / Organisation are true and correct.

Full Signature

Designation

Seal

Date