



तमिलनाडु केन्द्रीय विश्वविद्यालय
(संसद द्वारा पारित अधिनियम 2009 के अंतर्गत स्थापित)
CENTRAL UNIVERSITY OF TAMIL NADU
(Established by an Act of Parliament, 2009)
नीलक्कुडी परिसर/Neelakudi Campus, तिरुवारूर/Thiruvavur- 610 005
Email: establishment@cutn.ac.in / Tel: 04366-277256

Guest Faculty Engagement Notification. No. CUTN/CC/GF/01/2026

APPLICATION FORM FOR THE GUEST FACULTY POSITION

(Please read carefully the instructions given in the eligibility criteria before filling the format)

1. Name of the position :

a) Department (if any) :

2. a) Name in full (in BLOCK letters) :

b) Father's / Husband's Name :

Paste a recent
Passport Size
Photograph

c) Whether belonging to : SC () ST () OBC () PWD () EWS () UR ()

(Please enclose self-attested copy of caste/disability proof certificate issued by the competent authority)

d) Religion :

e) Date of birth(Christian Era) : DD /MM /YYYY

f) Age (in years as on **31.07.2025**) :

3.

(a) Permanent address (with phone number and e-mail address) **(In block letters)**

(b) Address for correspondence (with phone number and e-mail address) **(In block letters)**

Mobile No:

Email Id:

4. a) Educational Qualification (commencing with Matriculation).

Attach one set of self-attested copies of Certificate(s).

Sl. No	Examination passed	University/Board	Year	Class/ Division/ Grade	% of marks	Subject offered

b) NET Qualified - Yes or No:

If yes, year of passing:-

5. Details of employment (In chronological order starting from present employment)

Office/ Institution employed	Date of Joining	Date of leaving	Post held	Scale of pay with Grade pay	Basic pay Rs.	Total Salary (Gross) Rs.	Job Description*

(Please enclose self-attested copies of certificates/proof in support of employment)

(*Attach separate sheet, if needed)

6. Time required for joining, if selected:

I hereby declare that all the statements made in this application form and enclosures are true to the best of my knowledge and belief.

Place:

Date:

Signature of the applicant

Name: