Employment through Skill

Sindh Technical Education &
Vocational Training Authority (STEVTA)

APPLICATION FORM

(VISITING FACULTY)

Please attach Recent Photograph

Post applied for _____ Field: _____

Institute _____

Applicant Profile:

Name: _____ Father's Name: _____

Postal Address: _____

_____

Phone No (Res): _____ Mobile: _____

Email address: _____ Date of Birth (dd/mm/yy): _____

Domicile: _____ NIC No. | | | | | | | | | | | | | | | |

Educational Qualification:

Degree		Institution / Board / University	Major Subject	%age	Year
Masters					
Graduation					
Inter / DAE					
Matriculation					
Other					

Training /Course/Seminar	Conducted by	Duration

Employment History:

Organization	Post	Major Responsibilities	From	To

I hereby agree and understand that the post I have applied for, is Institute-Specific and Non-Transferable under any circumstances. I shall abide by STEVTA Policy for Visiting Faculty and changes notified to it from time to time.

Date: _____/_____/ 2011

Applicant's Signature