APPLICATION FOR THE POST OF PART-TIME ACADEMIC SUB WARDEN - 2017

(Please attach a statement (not more than 500 words) on how you will contribute to the management of the Hall)

I wish to apply for a Post of Part-Time Academic Sub Warden 1. Name with Initials: Rev/Prof/Dr./Mr./Ms. : 2. Designation & Department 3. Experience as a Warden/Sub-Warden 4. State your Preference 1..... 2..... 3..... 5. Residential Address 6. Telephone No's Res : Office:..... 7. E-mail Date :.... Signature 1. RECOMMENDATION OF THE HEAD OF DEPARTMENT Date :..... Signature / Head of Department 2. RECOMMENDATION OF THE DEAN OF FACULTY Date :.... Signature / Dean of Faculty 3. RECOMMENDATION OF THE WARDEN Date :.....

Signature /Warden