APPLICATION FOR THE POST OF PART-TIME SENIOR 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 Senior Academic Sub Warden

1. Name with Initials : Rev/Prof/Dr./Mr./Ms. : .....

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2. Designation & Department : .....

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3. Experience as a Warden/Sub-Warden : .....

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   .....

4. State your Preference : 1.....

   2.....

   3.....

5. Residential Address : .....

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6. Telephone No's : Res: ..... Office:.....

7. E-mail : .....

Date :..... .....

Signature

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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