

## FACULTY PROFILE

1. **TOPIC:** .....

2. **NAME :** \_\_\_\_\_ **M/F :** \_\_\_\_\_

**DATE OF BIRTH :** .....

**ADDRESS FOR CORRESPONDENCE :** .....

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**Tel (RES):** \_\_\_\_\_ **(OFFICE):** \_\_\_\_\_  
(code) (number) (code) (number)

**(MOBILE):** \_\_\_\_\_

**Email:** .....

3. **EDUCATIONAL QUALIFICATIONS:**

Name of last Institution

University

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4. **WORK EXPERIENCE:**

From	To	Company	Last Position Held	Principal Function

**THREE MOST RELEVANT PROFESSIONAL TRAINING RECEIVED BY YOU:**

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

**SPECIAL COMMENDATIONS RECEIVED THAT ARE RELEVANT:**

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_

**5. TWO REASONS FOR YOUR SUITABILITY:**

- (i) \_\_\_\_\_
- (ii) \_\_\_\_\_

**6. TRAINING AIDS THAT YOU WILL USE:**

- (i) \_\_\_\_\_
- (ii) \_\_\_\_\_
- (iii) \_\_\_\_\_
- (iv) \_\_\_\_\_

**7. PROFESSIONAL FEES EXPECTED:**

Rs \_\_\_\_\_ for 90 min; Rs \_\_\_\_\_ for half day; Rs \_\_\_\_\_ per day

Negotiable

THANK YOU