



**U.P. Textile Technology Institute, Kanpur**  
(An autonomous institute of U P Govt. and affiliated with AKTU Lucknow)

## **Corrigendum**

### **Walk in interview**

### **Session-2018-19**

**(For making a panel of guest faculty members)**

The institute invites the application for the guest faculty in the field of Textile Engineering, Textile Chemistry, ManMade fibre Technology, Computer science, Instrumentation, Management & Professional Communication (English). The payment for the remuneration of the teaching assignment will be followed as per technical education department of U.P.Govt. Essential qualifications are as per AICTE, New Delhi norms.

Candidates are required to submit the duly filled application form along with the Demand Draft of Rs.200/- (Drawn in favour of 'Director,UPTTI,Kanpur') and self attested photocopies of the testimonials up to 23-07-2018. Candidates have to appear in interview with original testimonials as per following schedule.

<b>Date &amp; Time of Interview</b>	<b>Subject/Branch</b>
<b>25.07.2018, 10.30a.m. to 11.30a.m.</b>	<b>Textile Group</b>
<b>25.07.2018, 11.30a.m. to 1.00p.m.</b>	<b>Remaining Subjects</b>

**U P Textile Technology Institute, Kanpur-208001 (UP) INDIA**

**Application Form for Panel of Guest Faculty Position**

**Session-2018-19**

Name of Department/Subject-.....

Self Attested Photo

<b>IMPORTANT To be filled by the Candidate</b>	<b>Category: GEN/ OBC/ SC</b>	<b>Detail of application fee receipt DD No.....Date..... Name of Bank with branch .....</b>
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<b>1.</b>	<b>Name (In Block Letters)</b>	
<b>2.</b>	<b>Date of Birth</b>	
<b>3.</b>	<b>Father's/Husband's Name</b>	
<b>4.</b>	<b>Nationality</b>	
<b>5.</b>	<b>Whether belongs to SC/ST or OBC Category of UP (Yes/No)</b>	<b>(If yes, mention the category and enclose the certificate issued by competent authority)</b>
<b>6.</b>	<b>Address for Correspondence</b>	
<b>7.</b>	<b>Permanent Address</b>	
<b>8.</b>	<b>Phone/ Mobile No.</b>	
<b>9.</b>	<b>Email Address</b>	
<b>10.</b>	<b>Are you physically handicapped? (Yes/No)</b>	<b>(If yes enclose certificate issued by Chief Medical Officer)</b>
<b>11.</b>	<b>Name of State(Domicile) to which candidate belongs</b>	

<b>12. Educational Qualification</b>						
<b>S. No.</b>	<b>Examination Passed</b>	<b>School/College/University</b>	<b>Year of Passing</b>	<b>Subject</b>	<b>Division &amp; % of Marks</b>	<b>Distinction/Gold Medal/Ranks</b>
<b>i</b>	<b>High School</b>					
<b>ii</b>	<b>Intermediate</b>					
<b>iii</b>	<b>Graduate (.....)</b>					
<b>iv</b>	<b>Post Graduate (.....)</b>					
<b>v</b>	<b>Ph.D.</b>					
<b>vi</b>	<b>Others</b>					
<b>Whether NET/GATE qualified: Yes/No If yes give details</b>						
<b>13.</b>	<b>Experiences Teaching/Industrial</b>		<b>Teaching(UG Level)</b>			
			<b>Teaching(PG Level)</b>			
			<b>Professional</b>			
			<b>Industry</b>			
			<b>Research</b>			
			<b>Total</b>			

**14. Appointment held till date in chronological order (may attach separate sheet if required)**

**15. Publications**

**I hereby declare that the entries made in the form are true to the best of my knowledge and belief and if found incorrect/wrong later, I shall be liable to lose my employment at whatever stage it is found.**

**Place-.....**

**Date-.....**

**Signature of Candidate with Name**