



**INSTITUTE OF ADVANCED STUDIES IN EDUCATION
AIZAWL :: MIZORAM**

CASUAL FACULTY APPLICATION FORM

**To be submitted to the Administrative Office of IASE, Aizawl on official working days on or before 25th January, 2025*

1.	Name of Applicant				Photo Here
2.	Father's/Mother's Name				
3.	Date of Birth				
4.	Category				
5.	Sex	Male	Female	Others	
6.	Permanent Address				
7.	Contact				
8.	Email				

Educational Qualifications:

Sl. No.	Level	Percentage/CGPA	Board/University	Subject	Year
1.	HSLC				
2.	HSSLC				
3.	Bachelor's Degree				

4.	Master's Degree				
5.	B.Ed.				
6.	M.Ed.				
7.	Ph.D.				
8.	Any other Qualification				

Publications (if any):

Sl. No	Title

DECLARATION

I hereby declare that the information given above and in the enclosed documents is true to the best of my knowledge and belief and nothing has been concealed therein. I understand that if the information given by me is proved false/not true, I will be immediately disqualified and will have to face punishment as per the law.

Place : _____

Date : _____

(Signature of the Applicant)