

### Application for Empanelment

| Sl.No. | Particulars  | Details |
|--------|--|---------|
| 1      | Name   |         |
| 2      | Address with email ID, mobile and landline number                                |         |
| 3      | Educational Qualifications   |         |
| 4      | Whether in practice / service  |         |
| 5      | Areas of specialisation  |         |
| 6      | Number of years of Practice/in service   |         |
| 8      | Name of the organization and nature of functions                                 |         |
| 9      | Number of years of experience as faculty   |         |
| 10     | Institution( s) in which you have served as faculty                              |         |
| 11     | Have you been associated with the Training give details                          |         |
| 13     | How many hours you can spare per week and per month for training                 |         |
| 14     | Please give three subjects in order of priority which you can effectively handle |         |
| 15     | Give two references  |         |
| 16     | Remuneration expected per day and per session of around 2 hours                  |         |

Signature \_\_\_\_\_