SCHOOL OF DISTANCE EDUCATION
UNIVERSITY OF KERALA

University Senate House Campus, Palayam, Thiruvananthapuram—34
(Established as University of Travancore by the Travancore University Act in 1937 and reconstituted as
University of Kerala by the Kerala University Act of 1957 and presently governed by the
Kerala University Act of 1974 passed by the Kerala State Legislative Assembly)

(Re-Accredited by NAAC with 'A' Grade)

NOTICE

Applications are invited from qualified teachers for **empanelment as guest teachers of SDE** for the following categories.

1. **Contact classes for UG & PG**
2. **Project Guidance & Valuation**
3. **Preparation of Self Learning Materials for UG & PG.**

QUALIFICATIONS: Applicants has to be NET qualified or a **Ph.D holder. Preference will be given to Retired College/ University Teachers.** Separate applications must be submitted for each category.

Applications must be submitted in the prescribed Proforma for each category. **Proforma may be mailed to** *director.ide@gmail.com* . Two sets of copy duly signed may be forwarded to Director, School of Distance Education, University of Kerala, Palayam, Thiruvananthapuram. Incomplete Performa will be rejected without prior notice.

SUBJECTS

	UG programmes		PG Programmes
01	BA Economics	01	MA English
02	BA English	02	MA Hindi
03	BA Malayalam	03	MA Malayalam
04	BA Political Science	04	MA Public Administration
05	BA Sociology	05	MA Sociology
06	BA History	06	MA Economics
07	B.Com	07	M.Sc Computer Science
08	B.Com Co-operation	08	M.Sc Mathematics
09	B.Sc Mathematics	09	MA History
10	BCA	10	MA Political Science
11	B.Sc Computer Science	11	M.Com
12	B.Com with Computer Application	12	MLISc
13	BLISc		

Application has to be submitted on or before 15th December 2016

For further information contact 2300137

GENERAL PROFORMA

NAME   :

GENDER   :

AGE & DATE OF BIRTH   :

EDUCATIONAL QUALIFICATION
(Relevant documents to be attached
NET/Ph.D Certificate)   :

EXPERIENCE
(Relevant documents to be attached)   :

CURRENT POSITION   :

PERMANENT ADDRESS   :
(With Contact No. & E-mail ID)

Signature

Date:

DIRECTOR (i/c)