

## Society for Entrepreneurship Development [SoFED]

(An ISO 9001:2015 & 10002:2018 Certified Organization)

Indranagar I.T.I.Road, Agartala, Tripura- 799006. Phone: (0381) 235 0799 email: sofed\_agartala@rediffmail.com, website: www.sofed.in

Ref. No. SED/Estt/1(2)/2012/ 2555

Date: 22/09/2022

## Wanted Guest/Visiting Faculties

The society for Entrepreneurship Development Institute of Tripura (a state level EDI). Invites application for empanelment of Guest/Visiting Faculties for delivering lecture on subjects from the field of Entrepreneurship / Motivation / Leadership / Business Management / Business Accounting / Marketing Management / Project Management etc for training programmes conducted by the institute in the different location throughout the state. The requirement for empanelment of Guest/Visiting Faculties is follows;

Essential	Desirable			
(Entrepreneurship, Marketing, Finance & HR specialization)/ M.Com (ii) Age: Maximum limit is 50 years as on 15-10-2022	<ul> <li>(i) At least 01 (one) year experience in class room lectureship at any training centre/college /university.</li> <li>(ii) Fluency in Kokborok language.</li> <li>(iii) Eager to travel throughout the state of Tripura for undertaking classes.</li> </ul>			

Interested candidates are requested to submit their prescribed application uploaded at our website www.sofed.in to the office of the Member Secretary, Society for Entrepreneurship Development (SoFED) on or before 15<sup>th</sup> October, 2022. No application would be received after closing date.

MEMBER SECRETARY (SoFED)

## APPLICATION FORMAT FOR EMPANELMENT OF GUEST/VISITING FACULTIES

For Office Use Affix a Passport size latest Roll .NO: GF/ coloured Date: photographed The Member Secretary, Society for Entrepreneurship Development (SoFED), and signed on it ITI Road, Indranagar, Agartala, Tripura- 799006. Sub: Prayer for empanelment of Guest/Visiting Faculties . 1. Name of the candidate: SRI / SMT (in Capital Letter) 2. Father's / Husband's name : Sri / Late 3. Permanent address :Vill \_\_\_\_\_\_ P.O \_\_\_\_\_ Sub-Div. \_\_\_\_\_ Dist. \_\_\_\_ (Copy of PRTC to be enclosed) Pin. \_\_\_\_\_ : Vill \_\_\_\_\_\_ P.O \_\_\_\_\_ 4. Present Address Sub-Div. \_\_\_\_\_ Dist. \_\_\_\_ Pin. \_\_\_\_\_ Social Category : ST / SC / UR (Copy of caste to be enclosed) 5. Contact no 6. email ID (if any) : DD\_\_\_\_\_/ MM \_\_\_\_\_/ YYYY\_\_\_\_\_ 7. Date of birth (Admit of Madhyamik to be enclosed) : \_\_\_\_\_Years \_\_\_\_\_Month \_\_\_\_ Days 8. Age as on 15-10-2022 9. Educational Qualification: (Copy of mark sheet enclosed) SI Name of the examination Board/University Year % of marks Remarks No passing obtained 1 Matriculation/Madhyamik 2 Higher Secondery (HS) 3 Graduation Post Graduation (MBA/MCOM) with specialization 10. Present Occupation: \_\_\_\_\_ Previous experience: (Certificate to be enclosed) SI Name of the Capacity / Designation Duration Total Period No institution/organization DD-MM-YYYY From To

## DECLERATION BY THE CANDIDATE

I do hereby declare that all the information furnished above is true to the best of my knowledge any information furnished above found incorrect, my candidature may be disqualified by the authority	. If
above found incorrect, my candidature may be disqualified by the authority	

		10		may be disqu	dailled by the authority
Place:				a •	and dutionty
Date:				Full	Signature of the candi
Documents attached 1. Self-attested 2. Self-attested 3. Self-attested 4. Self-attested 5. Self-attested	copy of PRT copy of birth copy of Aadi copy of mark copy of expe	proof	any  hip Developi	nent [SoFED]	
		For Offi	ce Use		Affix a Passport
	Roll .N	O: GF/			size latest
	Date:				coloured
o be filled by the candidates:			photographed and signed on it (do not staple)		
					(Office Round seal)
Name (in Block Letter)     Father's / Husband's Name					,
3. Address		1 200			

Full Signature of the candidate

Signature of Official of SoFED