

FACULTY PROFILE FORMAT

(One profile to be submitted per faculty member. Use in tabular format for bulk upload.)

A. PERSONAL INFORMATION

Field	Details (To be filled by the Faculty)
Full Name (as per ID proof)	
Father's / Spouse's Name	
Date of Birth	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Nationality	
Aadhaar Number (optional)	
PAN Number	
Mobile Number	
Alternate Contact Number	
Email ID	
Permanent Address	
Correspondence Address	

B. ACADEMIC & PROFESSIONAL QUALIFICATIONS

Qualification	Subject / Discipline	University / Board	Year of Passing	Grade / Division
10th / Secondary				
12th / Sr. Secondary				
Graduation (UG)				
Post-Graduation (PG)				
B.Ed / M.Ed (if any)				
Diploma / Certification				
UGC-NET / SLET / PhD				

C. TEACHING / TRAINING EXPERIENCE

Institution Name	Designation	Subject / Domain Taught	From – To (MM/YYYY)	Total Experience	Mode (Full-Time / Part-Time / Visiting)
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D. CURRENT AFFILIATION DETAILS

Field	Details
Name of ODLA-Affiliated	

Field	Details
Institution	
ODLC Centre Code	
Designation at Centre	
Subject(s) Assigned	
Date of Joining (DD/MM/YYYY)	
Mode of Engagement	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Visiting
Digital Competency	<input type="checkbox"/> LMS <input type="checkbox"/> Google Meet <input type="checkbox"/> Zoom <input type="checkbox"/> Others: _____

E. DOCUMENTS ATTACHED (Tick & Attach Self-Attested Copies)

- ☐ Aadhaar Card
 - ☐ PAN Card
 - ☐ Highest Qualification Certificate(s)
 - ☐ Experience Certificate(s)
 - ☐ Passport Size Photograph (Recent, Color)
 - ☐ Digital ID Proof (Optional)
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F. DECLARATION

I hereby declare that all the information and documents submitted above are true, correct, and authentic to the best of my knowledge. I undertake to serve the ODLIC-affiliated institution with academic integrity and will follow all rules, regulations, and quality standards as prescribed by ODLIC. In case of any false claim, I understand that my services may be disqualified without further notice.

Place: _____

Date: _____

Signature of Faculty Member

Signature of Centre Head / Principal

(with Official Seal)