

## FACULTY PROFILE FORMAT

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

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### 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      |  |

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### 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    |                      |                    |                 |                  |

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### 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 |
|-------|---------|
|-------|---------|

| Field                               | Details  |
|-------------------------------------|--|
| Name of ODLC-Affiliated 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: _____ |

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#### 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 ODLC-affiliated institution with academic integrity and will follow all rules, regulations, and quality standards as prescribed by ODLC. In case of any false claim, I understand that my services may be disqualified without further notice.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Faculty Member

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Signature of Centre Head / Principal

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(with Official Seal)