**Format- B**

 (To be sent through registered post by the veteran person attached with the Industry/ Academic Research Institutions)

1. **Name** (in Block letters):
2. **Address of Communication:**
3. **Mobile No:** 4.**Email:**
4. **Date of Birth (DD/MM/YYYY):**
5. **Name of the Organization where presently attached:**
6. **Educational Qualification:**

 **UG (mentioning branch)\*:**

 **PG (mentioning specialization)\*:**

 **Ph.D\*:**

1. **Industrial Experience\*:**
2. **Academic Experience if any\*:**
3. **Whether you are attached with the affiliated College of WBUT:**

**Yes** **No**

**If yes, please provide the details:**

|  |  |  |
| --- | --- | --- |
| **Name of the College** | **Duration of Attachment** | **In which Capacity** |
|  |  |  |
|  |  |  |
|  |  |  |

**\* Proof to be attached**

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 (Signature with date)