



CENTRE FOR DISTANCE AND ONLINE EDUCATION

ALIGARH MUSLIM UNIVERSITY, ALIGARH

DETAILS OF EMPLOYMENT

Name: - _____

Admission No:- _____

Mobile No:- _____

Email-Id:- _____

Whether Employed: YES NO

If YES, answer the following questions:

Self-Employed: Employed in Institution/Firm:

Name of Institution/Firm/Business: _____

Place of Institution/Firm/Business: _____

Designation/ Position: _____

Employed Since: _____ (DD/MM/YY)

NOTE:

1. This Form must be filled in Capital Letters. All Fields of the Form is compulsory to be filled.
2. Send the Soft Copy of the Form on cdedirectors@gmail.com OR submit Hard Copy in CDOE Office, AMU, Aligarh.