

**AFS EMPANELMENT FORM**

NAME.....

ADDRESS.....

TEL. NO. LAND-LINE.....MOBILE NO.....

email ID.....

**EDUCATION**

**COURSE**

**INSTITUTE**

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AREA OF SPECIALISATION.....

**WORK EXPERIENCE.....**

**DESIGNATION.**

**COMPANY / INST.ITUTE**

I JOB.....

II JOB.....

III JOB.....

HOBBIES / EXTRA-CURRICULAR ACTIVITIES.....

- WISH TO WORK WITH AFS ON ..... (A) FULL TIME I.E., SALARY BASIS.  
(B) HOURLY BASIS ON WEEK DAYS  
(C) AS A GUEST SPEAKER ON SATURDAYS

EXPECTED REMUNERATION .....

