

**UNIVERSITY OF LUCKNOW
DETAILS ABOUT FACULTY MEMBERS**

Form No. _____

<i>Employee No</i>			
<i>Name</i>			
<i>Father's Name</i>			
<i>Mother's Name</i>			
<i>Designation</i>			
<i>Department</i>			
<i>Faculty</i>			
<i>Category</i>			
<i>Status (Permanent / Temporary)</i>			
<i>Local Address</i>			
<i>Permanent Address</i>			
<i>Educational Qualifications:</i>			
<i>Date of Birth</i>		<i>Gender (M/F)</i>	
<i>Blood Group</i>		<i>Marital Status (Married / Single)</i>	
<i>Name of Spouse</i>			
<i>Name(s) of Children</i>			
<i>Email</i>			
<i>Mobile Number</i>		<i>Phone</i>	
<i>Any medical condition for information in case of emergency, medicine sensitivity etc</i>			
<i>Emergency Contact Information</i>			

Please paste your photo here
(this photo will be scanned and printed on your ID)

Sample Signature
(will be put on the ID)

I certify that the above information is correct to the best of my knowledge

Place: Lucknow
Date

Signature of Faculty Member
Department of _____

This information will be used for creation of Database of Teachers of the University, generate Identity cards and also display relevant information on the University website. If you want any other information about your academic achievements, awards or research work to be featured as individual pages please email the information to update@lkouniv.ac.in in ms word format.