

**UNIVERSITY OF LUCKNOW
DETAILS ABOUT FACULTY MEMBERS**

Form No. _____

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

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.