

KHULNA UNIVERSITY OF ENGINEERING & TECHNOLOGY
Khulna-9203, Bangladesh

Application for Permission to take Part-Time Class/ to provide Expertise Knowledge
 [as per CRTS Rules 6.2.3 & 6.2.8 of this University]

To be Completed by the Applicant	
Personal Information	
1. Name: _____	
2. Position: _____	3. Institute/Department/Section: _____
4. Date of First Joining: _____	5. Date of Joining at Present Position: _____
6. Length of Service: _____	
7. Current Involvement:	Part-time Class : _____ hrs/week
	Expertise Knowledge : _____ man-month
Information Regarding Contract of Service to Other Organization	
1. Types of Service: <input type="checkbox"/> Part-Time Class <input type="checkbox"/> Expertise Knowledge <input type="checkbox"/> Other (Specify) _____	
2. Name of the Organization: _____	
3. Name of the Department (if any): _____	
4. Description of Services: _____	
5. Starting Date: _____	
6. Ending Date: _____	
7. Place of Service: _____	
8. Remuneration: _____	
9. Total Duration of Service Period (hrs/day, hrs/week, man-month): _____	
Date: _____	_____ Signature of the Applicant

To be Completed by the Institute/Department/Section	
1. Total Class conducted by the applicant: UG: _____ (hrs/week), PG: _____ (hrs/week)	
2. Whether the Applicant is a Student of Masters/Ph.D. Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Remarks about the applicant (if any): _____	

<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended	
Date: _____	_____ Director/HoD/SH (Signature with Seal)

Official Use	
Presently Conducting Part-time Class: _____ hrs/week	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
Presently Providing Expertise Knowledge: _____ man-months	
_____ Director (CRTS)	
He/She may be/may not be permitted to conduct the services as applied for.	
_____ Registrar	_____ Vice-Chancellor