

Provide information on PART-TIME TUTORS using the table below (An additional piece of paper may be used in case the space provided is not adequate):									
Names	Highest Level of Education <i>[Diploma, Degree, Masters etc]</i>	Professional Qualifications	Registration No.	Area of Teaching	Years in the Area of Teaching	Work Station	Practice License No.	Mobile No	Email Address

Declaration

I hereby declare that the foregoing information is true and correct to the best of my knowledge.

Head of Nursing Department [Please include Official Stamp] **Date**

<p>Name: _____</p> <p>Designation: _____</p>	<p>Signature:</p>	
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