सत्यवती महाविद्यालय
Satyawati College
(दिल्ली विश्वविद्यालय)
(University of Delhi)
अशोक विहार, फेज III, दिल्ली - 110052 | Ashok Vihar, Phase - III, Delhi - 110052
Website : www.satyawati.du.ac.in | Email : principal@satyawati.du.ac.in
NAAC ACCREDITED 'A+' GRADE

SC/ADMN./589 /2026
19th November, 2026

NOTICE

APPLICATIONS FOR THE POST OF PART TIME COUNSELOR

The college invites applications in the prescribed application form available on the college website i.e. www.satyawati.du.ac.in from eligible candidates for appointment of Part Time Counselor for students and staff. The following details is mentioned below:

Sr. No.	Post	Remuneration	Work Schedule
1	Counselor on part time basis (One post)	3000/- per session (Each session will be of two hours' duration) subject to maximum of Rs. 50,000/- per month.	Thrice in a week on working day for two hours' each visit.

Qualification and Requirement:

Minimum qualification for the post is M.A. (Psychology) with two-year experience as Counsellor in a reputed institute preferably in an education institute.

How to apply:

The interested candidates may send their application form along with CV and certificates at principal@satyawati.du.ac.in latest by 23.11.2026.

Note:

1. The appointment is purely on Part-Time basis a can be terminated any time without notice or assigning reasons thereof. College reserves the right to fill or not to fill the post.
2. Last date of apply for the above said post is 23.11.2026.
3. Any corrigendum/addendum will be put up on the college website i.e. www.satyawati.du.ac.in
4. Please visit the college website regularly for any update in this regard.

Prof. Subhash Kumar Singh
Principal

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Satyawati College
[University of Delhi]
Ashok Vihar, Phase-III, Delhi-110052
Phone No.011-27133520, Website: www.satyawati.du.ac.in

Application for the post of Counsellor in the College

1. Name (In Capital Letter): _____
2. Parent/Husband's Name: _____
3. Gender: Male/Female/Other:_____D.O.B. (DD/MM/YYYY) _____
4. Email ID: _____Mobile Number: _____
5. Residential Address: _____

   _____

   City:_____State: _____Pin Code: _____
6. Permanent Address: _____

   _____

   City:_____State: _____Pin Code: _____

7. **ACADEMIC QUALIFICATIONS:**

UG-Examination	**Name of the University**	**% of Marks**	**Year of Passing**
PG-Examination	**Name of the University**	**% of Marks**	**Year of Passing**
M.PHIL.	**Name of the University**	**% of Marks**	**Year of Passing**
PH.D	**Name of the University**	**Topic**	**Year of Passing**
Any Other	**Name of the University**	**% of Marks**	**Year of Passing**

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8. **EXPERIENCE:**

Name of the Institution	Permanent/Temporary/Ad-hoc/Guest	From	To

Total Experience: Year..... Months..... Days.....

9. **Any other information :** _____

_____

Declaration:

I certify that the information given above is correct and factual to the best of my knowledge and belief.

I understand that my application shall be summarily rejected if any of the above stated information is found incorrect/false and penal action as applicable under the law shall be carried out against me.

Place: .....

Date: .....

(Signature of Candidate)

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