



Shyam Lal College (Evening)

(University of Delhi)

Shahdara, Delhi - 110032

Phone : 2232 4883 Fax : 2232 4078

E-mail : principal@shyamlale.du.ac.in Website : www.shyamlale.du.ac.in

Ref.No.SLC(E)/Advt./Guest/2023-24/

Date: 01.11.2023

NOTICE

Applications in the prescribed format are invited for the appointment of Guest Faculty in the following departments:-

S. No.	Department	No. of Post	UR	OBC
1	English	06	04	02

1. The eligibility criteria for the Guest Faculty are as per the UGC Regulations, 2018 and as adopted by the University of Delhi/UGC.
2. Candidates should be enrolled with Ad-hoc panel of the respective Department of the University of Delhi. Candidates whose name is not enrolled in the ad-hoc panel list will not be considered for interview.
3. The application format can be downloaded from the College website www.shyamlale.du.ac.in.
4. The superannuated (Retired) teachers may also be considered for engagement as guest faculty subject to maximum age limit of 70 years.
5. The candidate should not hold any other teaching assignment.
6. The application alongwith self-attested copies of the requisite documents should be sent to the **Principal, Shyam Lal College (Evening)**, (University of Delhi) G. T. Road, Shahdara, Delhi-110032 by registered/Speed Post or Email (in .pdf format) principal@shyamlale.du.ac.in The application completed in all respects can also be submitted personally in the College Office between 1:00 pm to 5:00 pm on or before **10.11.2023**. **Please note that no application will be accepted after 10.11.2023.**
7. The envelope containing application should be superscribed "Application for the post of Guest Faculty. (Name of the Department)".
8. The date and time of the interview will be displayed on the college website www.shyamlale.du.ac.in No separate intimation will be given for the same. Candidates are advised to check the College website regularly.
9. College reserves the right to change the number of post/s or not to fill any of the above notified posts.

(Prof. Hemant Kukreti)
Principal (OSD)



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APPLICATION FORM FOR APPOINTMENT OF GUEST FACULTY

Paste recent
passports size
photograph

1. Subject / Department in applied for: _____
2. University Ad-hoc Panel Number _____ Panel Category _____
3. Name (In Capital Letter) ; _____
4. Parent / Husband Name _____
5. Gender: Male/Female/Other _____ D. O. B. (dd/mm/yyyy) _____
6. Category: General / SC / SC / ST / OBC / PwD / EWS _____
7. E mail ID : _____ Mobile Number _____
8. Residential Address: _____
City _____ State _____ Pin Code _____
9. Permanent Address: _____
City _____ State _____ Pin Code _____
10. Subject of Post-Graduation _____
11. ACADEMIC QUALIFICATIONS:

Examination	University	% of Marks	Year of Passing
Graduation			
Post-Graduation			
M. Phil			
Ph.D.			
NET			
Other Examination if any			

12. TEACHING EXPERIENCE:

Name of the Institution & University	Permanent/Temporary/ Ad-hoc/Guest	From	To	Total Experience		
				Year	Months	Days

13. PRESENT EMPLOYMENT DETAILS (IF ANY) :

Name of the Institution & University	Permanent/Temporary/ Ad-hoc/Guest	From	To	Total Experience		
				Year	Months	Days

14 RESEARCH EXPERIENCE:

Year	Months	Days

15 PUBLICATION

S. No.	Title of the Paper	Journal Name	Year	Vol. No.	Page No.	ISSN No.	Impact Factor	Whether SCOPUS Indexed	Authorship	Reference number of UGC-CARE List

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)