

Department of Germanic & Romance Studies
University of Delhi
Delhi-110007

Application for the post of Guest Faculty in _____ (name of Language)

Name in Full (in Block Letters) -----

Date of Birth-----

Local Address-----

Tel. No.----- Mob. No. ----- E-mail-----

Permanent Address -----

Particulars of the last Examination Passed:

S.No.	Name of Examination Passed	Name of Board/ University	Max. Marks	Marks obtained	% of Marks	Year of Passing
1	Sr. Sec. School					
2	Graduation					
3	Post-Graduation					
4	M.Phil.					
5	Any other					

Whether qualified NET:

YES/NO

Whether belong to any Reserved Category:

SC/ST/OBC/PH

Any Experience -----

I declare that the information given is correct to the best of my knowledge.

Encl.

Signature

Date: _____