



किरोड़ीमल कॉलेज

दिल्ली विश्वविद्यालय, दिल्ली-११०००७

KIRORI MAL COLLEGE

University of Delhi, Delhi-110007

NAC Accredited A++ 3.34 CGPA, CYCLE 2 NIRF RANK 9

Ref. No.KMC/Guest/2023-24

15 February 2024

NOTICE

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

S.No.	Department	Number of post(s)
1.	Mathematics	EWS-01 & OBC-01

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. The application format can be downloaded from the college website www.kmc.du.ac.in.
3. The superannuated (Retired) teachers may also be considered for engagement as guest faculty subject to maximum age limit of 70 years.
4. The candidate should not hold any other teaching assignment.
5. The application along the self-attested copies of the requisite documents should be sent to the Principal, Kirori Mal College, University of Delhi, Delhi – 110007 by registered/Speed Post or can be submit personally in College Office on or before **20.02.2024** upto **5:00 p.m.** No application would be accepted beyond **20.02.2024**.
6. The envelope containing application should be superscribed "Application for the post of Guest Faculty (Name of the Department)"
7. The date and time of the interview will be displayed on the college website. No separate intimation will be given for the same. Candidates are advised to check the College website regularly.
8. College reserves the right to change the number of post/s or not to fill any of the above notified posts.


Prof. Dinesh Khattar
Principal

(प्रो. दिनेश खट्टर)
Prof. Dinesh Khattar
प्राचार्य/Principal
किरोड़ी मल कॉलेज/Kirori Mal College
दिल्ली विश्वविद्यालय/University of Delhi
दिल्ली-110007/Delhi-110007

Email.: principal@kmc.du.ac.in

दूरभाष:- 011-71219044



KIRORI MAL COLLEGE

(University of Delhi)

North Campus, University of Delhi, Delhi – 110007

APPLICATION FORM FOR APPOINTMENT OF GUEST FACULTY

Paste recent
passports size
photograph

1. Subject/Department applied: _____
2. Ad-hoc Panel Number: _____ Panel Cat: _____
3. Name (In capital letter): _____
4. Parent/Husband's Name: _____
5. Gender: Male/Female/Other _____ D.O.B. (dd/mm/yyyy) _____
6. Category: General/SC/ST/OBC/PwD/EWS _____
7. Email 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:

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	% of Marks	Year of Passing

NET (National Eligibility Test)	Name of the University	% of Marks	Year of Passing

12. TEACHING EXPERIENCE :

Name of the Institution & University	Permanent/Temporary/ Ad-ho/Guest	From	To

Total Experience: Year _____ Months _____ Days _____

13. PRESENT EMPLOYMENT DETAILS (IF ANY):

Name of the Institution & University	Designation	From	To

14. RESEARCH EXPERIENCE:

Year	Months	Days

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)