

## DEPARTMENT OF BUDDHIST STUDIES, UNIVERSITY OF DELHI Application form for Guest Faculty 2020

| 1. | Name (In Block Letters) :              |  |
|----|--|--|
| 2. | Father's/Husband Name :                |  |
| 3. | Mother's Name :                        |  |
| 4. | Date of Birth :/ Age on dateYearMonths |  |

5. Nationality : \_\_\_\_\_

6. Category : SC/ST/OBC/General/EWS/PWD : \_\_\_\_\_

7. Educational Qualification

| Exam.<br>Passed | Year of<br>Passing | Subjects | Institution | University | % age of Marks | Division |
|-----------------|--------------------|----------|-------------|------------|----------------|----------|
| Graduation      |                    |          |             |            |                |          |
| M.A.            |                    |          |             |            |                |          |
| M. Phil.        |                    |          |             |            |                |          |
| Ph.D.           |                    |          |             |            |                |          |
| Any Other       |                    |          |             |            |                |          |

8. Specialization:

| 9.  | Topic of Research :  |     |
|-----|--|-----|
|     | (a) M. Phil. :   |     |
|     |  |     |
|     |  |     |
|     | (b) Ph.D. :  |     |
|     | (0) T II.D.  | ••• |
|     |  |     |
| 10  | NET/IDE (UCC) Classed Test Ver/No. [ ] Menth/Veen [ ] Sections [ | -   |
| 10. | NET/JRF (UGC) Cleared Test Yes/No [ ] Month/Year [ ] Subject: [  | -   |

## 11. Teaching Experience/Research Experience if any

| Name of<br>College/University | Designation     | Nature of Appointment (Ad-<br>hoc/Guest | Classes taught | Period |
|-------------------------------|-----------------|---|----------------|--------|
|                               |                 |   |                |        |
|                               |                 |   |                |        |
|                               |                 |   |                |        |
|                               |                 |   |                |        |
|                               |                 |   |                |        |
|                               |                 |   |                |        |
|                               |                 |   |                |        |
|                               |                 |   |                |        |
| 12. Total teachin             | ng Experience : | Year                                    | Montl          | 18     |

| 13. | Publication (give details, attached : |
|-----|---------------------------------------|
|     | Separate Sheet, if required)          |

14. Address for Communication :

| Mobile/Telephone No. | Er | mail ID |
|----------------------|----|---------|
|----------------------|----|---------|

15. Any other information: \_\_\_\_\_

## Declaration

I hereby affirm and declare that the information given above by me is correct and to the best of my knowledge.

Date : \_\_\_\_\_

(Signature of the Applicant)

Note : Please attach self-attested photocopies of your certificates.