



किरोड़ी मल कॉलेज  
दिल्ली विश्वविद्यालय, दिल्ली-११०००७  
**KIRORI MAL COLLEGE**  
University of Delhi, Delhi-110007




Ref. No.KMC/Guest/2023-24  
05 January 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.	Statistics	UR-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](http://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 **12.01.2024** upto **5:00 p.m.** No application would be accepted beyond **12.01.2024**.
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



# 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)**