

**SHIVAJI COLLEGE,
UNIVERSITY OF DELHI,
RING ROAD, RAJA GARDEN,
NEW DELHI - 110027**

Date: 14.01.2019

NOTICE

Applications are invited from the candidates in the prescribed proforma (attached overleaf) for the appointment of Guest Faculty in the following departments of Shivaji College (University of Delhi):

Sr. No.	Department	Nature, Number of Posts & Categories	Categories eligible for interview from Adhoc Panel of University of Delhi
1.	Biochemistry	1-UR (LV)	All Categories
2.	English	1-OBC (LV)	
3.	Mathematics	2-UR (LV)	

* LV - To be appointed against Leave Vacancy

Note: -

1. The College reserves right to change the number and/ or nature of the posts and/ or not to fill any or all the posts advertised without assigning any reason.
2. **The Guest Faculty will be paid honorarium of Rs. 1500/- per lecture subject to a maximum of Rs. 50,000/- per month.**
3. **The qualification for Guest Faculty shall be the same as those prescribed for regular Assistant Professors of Universities/ Colleges in UGC Regulations.**
4. The superannuated teachers may also be considered for engagement as Guest Faculty subject to a maximum age limit of 70 years.
5. The Guest Faculty will not be given the benefit of allowances, pension, gratuity and leave etc. as admissible to the regular teachers.
6. Those who are interested and fulfill the minimum eligibility requirements as laid down by the UGC/ University of Delhi may send/ submit their application

form along with necessary self-attested documents to the Office of Shivaji College (University of Delhi), Ring Road, Raja Garden, New Delhi – 110027 latest by January 21, 2020.

7. It may be noted that the application form should be complete in all respects. No T.A./D.A. will be paid for attending the interview.


Dr. Shashi Nijhawan
Principal

**Application for the appointment of Guest Faculty in
Department of Biochemistry, Shivaji College**

1. Name: Mr/Ms/Dr _____
(in block Letters)

2. Gender [Please tick (√) mark the category you belong to]:

Male Female Others

Self-Attested
Photograph

3. Date of Birth: _____

4. Parent's/Spouse Name: _____

5. Address for Communication:

_____ Phone No. _____

Email ID:

6. Education Qualification:

Exam Passed	Subject	Board/ University	Year	Marks		% of Marks	Division
				Obtained	Maximum		
B.A./B.Sc.							
M.A./M.Sc.							
M.Phil.							
Ph.D.							
Any Other							

7. Whether NET/SLET Qualified, if yes, give details

Examination Passed	Subject	Year of Passing	Roll No
JRF			
NET			
SLET			

8. Any other Information:

I declare that all the particulars given above are correct to the best of my knowledge. I understand that my candidature may be cancelled if any information is found to be incorrect.

(Signature of the Candidate)

- Encls: 1. Graduation Marksheet
2. Post-Graduation Marksheet
3. Ph.D and or NET/SLET (strike off whichever is not applicable)
4. Any other (please Specify)

**Application for the appointment of Guest Faculty in
Department of English, Shivaji College**

1. Name: Mr/Ms/Dr _____
(in block Letters)

2. Gender [Please tick (√) mark the category you belong to]:

Male Female Others

Self-Attested
Photograph

3. Date of Birth: _____

4. Parent's/Spouse Name: _____

5. Address for Communication:

_____ Phone No. _____

Email ID:

6. Education Qualification:

Exam Passed	Subject	Board/ University	Year	Marks		% of Marks	Division
				Obtained	Maximum		
B.A./B.Sc.							
M.A./M.Sc.							
M.Phil.							
Ph.D.							
Any Other							

7. Whether NET/SLET Qualified, if yes, give details

Examination Passed	Subject	Year of Passing	Roll No
JRF			
NET			
SLET			

8. Any other Information:

I declare that all the particulars given above are correct to the best of my knowledge. I understand that my candidature may be cancelled if any information is found to be incorrect.

(Signature of the Candidate)

- Encls: 1. Graduation Marksheet
2. Post-Graduation Marksheet
3. Ph.D and or NET/SLET (strike off whichever is not applicable)
4. Any other (please Specify)

**Application for the appointment of Guest Faculty in
Department of Mathematics, Shivaji College**

1. Name: Mr/Ms/Dr _____
(in block Letters)

2. Gender [Please tick (√) mark the category you belong to]:

Male

Female

Others

Self-Attested
Photograph

3. Date of Birth: _____

4. Parent's/Spouse Name: _____

5. Address for Communication:

_____ Phone No. _____

Email ID:

6. Education Qualification:

Exam Passed	Subject	Board/ University	Year	Marks		% of Marks	Division
				Obtained	Maximum		
B.A./B.Sc.							
M.A./M.Sc.							
M.Phil.							
Ph.D.							
Any Other							

7. Whether NET/SLET Qualified, if yes, give details

Examination Passed	Subject	Year of Passing	Roll No
JRF			
NET			
SLET			

8. Any other Information:

I declare that all the particulars given above are correct to the best of my knowledge. I understand that my candidature may be cancelled if any information is found to be incorrect.

(Signature of the Candidate)

- Encls: 1. Graduation Marksheet
2. Post-Graduation Marksheet
3. Ph.D and or NET/SLET (strike off whichever is not applicable)
4. Any other (please Specify)