C:\Documents and Settings\VIVEK BHARGAVA\Desktop\GBO letterheads.epsSHRI RAM COLLEGE OF COMMERCE

University of Delhi, Maurice Nagar, Delhi – 110007

**Phone**: 27667905 |**Website**: www.srcc.edu |**Email**: principaloffice@srcc.du.ac.in

Paste latest passport size photograph

**Application for appointment as Guest Faculty**

1. Subject/Department ………………………………………………………………………
2. Name ……………………………………………………………………….
3. Date of Birth …………………………………………………………………………
4. Category ……………………………………………………………………….
5. Gender (Male / Female) ……………………………………………………………………….
6. Local Address …………………………………………………………………………………………………

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Mobile ……………………………… Email ID…………………................…………

1. Permanent Address …………………………………………………………………………………………………

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1. Academic Qualifications

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| --- | --- | --- | --- | --- | --- | --- |
| **Level** | **Course/Prog.** | **Discipline/ Specialization** | **Passing Year** | **University** | **Percentage** | **Division** |
| UG |  |  |  |  |  |  |
| PG |  |  |  |  |  |  |
| M.Phil |  |  |  |  |  |  |
| Ph.D |  |  |  |  |  |  |
| Others  (please specify) |  |  |  |  |  |  |

1. **NET** Qualified [**Yes/No**]…………………. Qualified in …………… (Month)/ ………………… (Year) Discipline………………….………………….……

1. Details Teaching Experience (if any)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Institution** | **Course(s) taught** | **From** | **To** | **Emoluments drawn (in Rs.)** |
|  |  |  |  |  |
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1. Details of Research Experience (if any)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Institution** | **Subject/Topic** | **From** | **To** | **Emoluments drawn (in Rs.)** |
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12. Details regarding listing in the DU Ad-hoc Panel

**Sr. No.** \_\_\_\_\_\_\_\_\_\_ **Category [I/II/III/IV]** \_\_\_\_\_\_\_\_\_ **Ad-hoc Panel dated** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Declaration & Undertaking**

1. I declare and undertake that I am not in receipt of any full-time Fellowship/ Award/Scholarship forbidding me to accept any employment.
2. I undertake that I will abide by the guidelines already issued by the University/ UGC from time to time regarding employment as Guest Faculty.
3. I hereby declare that the information given by me in this form is complete and correct. In case of any change in above stated information at any stage I undertake to inform the college in writing within one week of such change.

Place ……………………………………….. (Signature)……………………………………………………………………

Date ……………………………………….. (Name) …………………………………………………………………………..

**Note: - Please attach self-attested copies the following documents with this form:-**

1. Identity Proof (Voter ID Card/Aadhar Card /Driving License/PAN)
2. Certificates of all academic qualifications (Matriculation onwards)
3. NET Certificate
4. Caste/Category Certificate (if applicable)
5. Certificate in respect of Teaching/Research experience
6. Detailed CV