



HANSRAJ COLLEGE

(University of Delhi)

Mahatma Hansraj Marg,
Malkaganj, Delhi – 110007

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APPLICATION FORM FOR APPOINTMENT OF GUEST FACULTY

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-hoc/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)