# MOTILAL NEHRU COLLEGE (EVENING)

# (UNIVERSITY OF DELHI)

## SI. No. (In Ad-hoc Panel of Delhi University)

**APPLICATION FORM FOR THE POST OF ASSISTANT PROFESSOR (AD-HOC / GUEST)**

**DEPARTMENT**

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| --- | --- |
| 1. Name (in Block Letters) | : |
| 2. Father’s/ Husband Name | : |
| 3. Date of Birth | : |
| 4. Category | : |
| (If belong to any reserved category) | (OBC/SC/ST/PWD/EWS) |
| 5. Address for Communication | : |
| Mobile/Telephone No | : |
| Email ID | : |
| 6. Educational Qualification | : |

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| --- | --- | --- | --- | --- | --- |
| **Exam Passed** | **Year of**  **Passing** | **Institution &**  **University** | **Main**  **Subjects** | **% of Marks** | **Division** |
| **Undergraduate** |  |  |  |  |  |
| **Post Graduate** |  |  |  |  |  |
| **M. Phil** |  |  |  |  |  |
| **Ph. D** |  |  |  |  |  |
| **Any Other** |  |  |  |  |  |

1. Whether NET/SLET cleared YES/NO Month/Year (Please Tick)
2. Teaching Experience (if any)

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| --- | --- | --- | --- | --- |
| **Name of College/University** | **Designation** | **Nature of Appointment (Temp./Ad-**  **hoc/Guest)** | **Period** | |
| **From** | **To** |
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1. Subject Specialization
2. (2)
3. (4)
4. Please ensure your eligibility as per UGC Regulation-2018.

**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 Applicant)**