#  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**

|  |  |
| --- | --- |
| 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 | :  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of College/University** | **Designation** | **Nature of Appointment (Temp./Ad-****hoc/Guest)** |  **Period** |
| **From** | **To** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

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)**