## Department of Germanic & Romance Studies University of Delhi, Delhi-110007

Tel: 27666426, 27667725 (Extn. 1296) / Email: <u>grs.du.in@gmail.com</u>, <u>head@grs.du.ac.in</u>

18 OCTOBER 2021

Applications are invited for the following positions for a period of 4 months from the date of joining or till the regular incumbent joins duty, whichever is earlier during the academic session 2021-22 (subject to the approval from the University):

## GUEST FACULTY IN FRENCH, GERMAN, ITALIAN AND SPANISH

Number of Vacancies: 09 as per details given below

French: 03 (ST-01, UR-01, EWS-01)

German: 02 (SC-01, OBC-01)

Spanish: 01 (EWS)

Italian: 03 (UR-01, SC-01, OBC-01)

Honorarium: as per UGC norms

Required Qualification: As per University rules

Those interested should apply, along with signed CV including details of any teaching experience. Photocopy of mark-sheet of MA, photocopy of PhD degree (if applicable), copy of NET certificate and copy of category proof (if applicable). All required documents should be self-attested.

Interested may send their application and the required documents (in single pdf file) at <a href="head@grs.du.ac.in">head@grs.du.ac.in</a> by 22<sup>nd</sup> October 2021 till 3:00 pm.

Date, time and link for online interviews will be informed to the candidates through email.

-sd-Head of Department

## Note:

- ➤ The University/Department reserved the right not to fill any or all the above posts as per the decision/approval of the competent authority of the University.
- > Canvassing in any form or on behalf of the candidate will disqualify him/her.
- Result of the interview will be subject to the approval of the competent authority.

## **Department of Germanic & Romance Studies**University of Delhi <u>Delhi-110007</u>

Application for the post of Guest Faculty in				(name of Language)			
Name i	n Full (in Block Letters)						
Date of	Birth						-
Local A	Address						
							_
Tel. No Mo		ob. No		E-mail			_
Perman	nent Address						_
							-
Particu	lars of the last Examinat	ion Passed:					
S.No.	Name of Examination Passed	Name of Board/ University	Max. Marks	Marks obtained	% of Marks	Year of Passing	
1	Sr. Sec. School						
2	Graduation						
3	Post-Graduation						
4	M.Phil.						
5	Any other						
Whethe	er qualified NET:		YE	ES/NO			
Whethe	er belong to any Reserve	d Category:	SC	S/ST/OBC/PH	ł		
Any Ex	sperience						
I declar	re that the information gi						-
Encl.	5			<b>y</b>	Signatur	e	
Date:					Č		