

Shyam Lal College (Evening)

(University of Delhi)

Shahdara, Delhi - 110032 Phone: 2232 4883 Fax: 2232 4078

E-mail:principal@shyamlale.du.ac.in Website: www.shyamlale.du.ac.in

Ref.No.SLC(E)/Advt./Guest/2021-22/

NOTICE

Applications in the prescribed format are invited for the appointment of Guest Faculty in the following departments:-

| S. No. | Department | No. of Post | ST | UR |
|--------|------------------|-------------|----|----|
| 1 | Computer Science | 04 | 02 | 02 |

- 1. The eligibility criteria for the Guest Faculty are as per the UGC Regulations, 2018 and as adopted by the University of Delhi/UGC.
- Candidates should be enrolled with Ad-hoc panel of the respective Department of the University of Delhi. Candidates whose name is not enrolled in the ad-hoc panel list will not be considered for interview.
- 3. The application format can be downloaded from the Delhi University website www.shyamlale.du.ac.in .
- 4. The superannuated (Retired) teachers may also be considered for engagement as guest faculty subject to maximum age limit of 70 years.
- 5. The candidate should not hold any other teaching assignment.
- 6. The application alongwith self-attested copies of the requisite documents should be sent to the **Principal**, **Shyam Lal College (Evening)**, (University of Delhi) G. T. Road, Shahdara, Delhi-110032 by registered/Speed Post or Email (in .pdf format) principal@shyamlale.du.ac.in The application completed in all respects can also be submitted personally in the College Office between 1:00 pm to 5.00 pm on or before 21.02.2022. Please note that no application will be accepted after-21.02.2022.
- 7. The envelope containing application should be superscribed "Application for the post of Guest Faculty. (Name of the Department)".
- 8. The date and time of the interview will be displayed on the college website www.shyamlale.du.ac.in No separate intimation will be given for the same. Candidates are advised to check the College website regularly.

9. College reserves the right to change the number of post/s or not to fill any of the above notified posts.

(Dr. Ramesh Kumar) Principal (Acting)

Date: 14.02.2022



Shyam Lal College (Evening)

(University of Delhi) **Shahdara, Delhi - 110032**

Phone: 2232 4883 Fax: 2232 4078

 $E-mail: principal@\underline{shyamlale}.du.ac.in \ Website: \underline{www.shyamlale.du.ac.in}\\$

| APPL | ICATION FORM FOR | APPOINTMENT OF C | GUEST FACULTY | Paste recent |
|------|-----------------------------|---------------------------|-----------------------|-----------------|
| 1. | Subject / Department in | n applied for: | | |
| 2. | University Ad-hoc Pane | photograph | | |
| 3. | Name (In Capital Letter | | | |
| 4. | | | | 1 |
| 5. | | | D. O. B. (dd/mm/yyyy) | |
| 6. | Category: General / SC | / SC / ST / OBC / PwD / E | WS | |
| 7. | | | Mobile Number | |
| 8. | | | | |
| | | | Pin Code | |
| 9. | | | | |
| | | | Pin Code | |
| 10. | | | | |
| 11. | ACADEMIC QUALIFICAT | | | |
| | Examination | University | % of Marks | Year of Passing |
| | Graduation | | | |
| | Post-Graduation | | | |
| | M. Phil | | | |
| | Ph.D. | | | |
| | NET | | | |
| | Other Examination if any | | | |

| 12. | TEACHING | EXPERIENCE |
|-----|----------|-------------------|
| 14. | ICACHING | EXPERIENCE |

| Name of the Institution & University | Permanent/Temporary/ Ad-hoc/Guest | From | То | Total Experience | | |
|---|--------------------------------------|------|----|------------------|--------|------|
| | , | | | Year | Months | Days |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

13. PRESENT EMPLOYMENT DETAILS (IF ANY):

| Name of the Institution & University | Permanent/Temporary/ Ad-hoc/Guest | From | То | Total Experience | | |
|---|--------------------------------------|------|----|------------------|--------|------|
| | , 2000 | | | Year | Months | Days |
| | | | | | | |

14 RESEARCH EXPERIENCE:

| Year | Months | Days | | |
|------|--------|------|--|--|
| | | | | |

15 PUBLICATION

| S. No. | Title of the Paper | Journal Name | Year | Vol. No. | Page No. | ISSN No. | Impact Factor | Whether SCOPUS Indexed | Authorship | Reference number of UGC- CARE List |
|-----------|-----------------------|-----------------|------|-------------|-------------|-------------|------------------|------------------------------|------------|---|
| | | | | | | | | | | |

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)