

## श्री राम कॉलेज ऑफ़ कॉमर्स SHRI RAM COLLEGE OF COMMERCE

दिल्ली विश्वविद्यालय, मौरिस नगर, दिल्ली ११०००७

दूरभाष : 27667905, 27666519

वेबसाइट : www.srcc.edu • ईमेल : principaloffice@srcc.du.ac.in

SRCC/AD/02/2024

December 30, 2024

## **NOTICE**

Interviews for appointment of Assistant Professor (on Guest Basis) in the Department of Environmental Studies (EVS)

With reference to the Notice dated October 4, 2024 published on the College and University websites for Assistant Professor (on Guest Basis) in the Department of Environmental Studies, this is to inform all applicants (who had applied online in response to the Notice) that Personal Interviews in respect of the said appointment has been scheduled as follows:

Date

03.01.2025 (Friday)

Reporting Time

10:00 AM

:

Venue

Committee Room, SRCC

Applicants shall be required to report for Personal Interview as per above schedule. At the time of reporting for Interview, applicants are required to submit <u>duly filled</u> <u>and signed Application Form</u> in the Form attached herewith. Before appearing for the Interview, the candidates are advised to ensure that they fulfill the required eligibility, terms and conditions for appointment of Assistant Professor (on Guest Basis) as per rules of the University of Delhi.

Please note that no TA and TD will be paid for appearing for the Personal Interview.

Vice-Principal

## SHRI RAM COLLEGE OF COMMERCE

(University of Delhi)

|            | Sl. No           |             |     |
|------------|------------------|-------------|-----|
| (In Ad hoc | Panel of the dep | partment of | DU) |

## APPLICATION FORM FOR THE POST OF GUEST LECTURER

|       | DEPARTME                           |                                | sh/Commerce/Eco            | nomics/Polit | ical Science/Mathematics/E | nvironmental Studies) |          |
|-------|------------------------------------|--------------------------------|----------------------------|--------------|----------------------------|-----------------------|----------|
| 1.    | Name (In Block                     | letters)                       |                            |              | 9                          |                       |          |
| 2.    | Father's/Husband Name              |                                |                            |              |                            |                       |          |
| 3.    | Date of Birth                      |                                |                            |              |                            |                       |          |
| 4.    |                                    |                                |                            |              |                            |                       |          |
| 5.    | 5. Address for Communication       |                                |                            |              |                            |                       |          |
| 6.    | Mobile/Telepho                     | one No.                        |                            |              |                            |                       |          |
| F7.   | Email ID                           |                                |                            |              |                            | ·                     |          |
| 8. Ed | ucational Qualific                 | cations:                       |                            |              |                            |                       |          |
|       | . Qualified                        | Year of<br>Passing             | Institutions<br>University |              | Main Subjects              | Percentage of Marks   | Division |
| Unde  | ergraduate                         |                                |                            |              |                            |                       |          |
| Post  | graduate                           |                                | -                          |              |                            |                       |          |
| M.Ph  | nil.                               |                                |                            |              |                            |                       |          |
| *:    | 1.6.0                              |                                |                            |              |                            |                       |          |
| Ph.D  | · ·                                |                                |                            |              |                            | *                     |          |
|       | Other                              |                                |                            |              |                            |                       |          |
|       |                                    |                                |                            |              |                            |                       |          |
|       | e e                                |                                |                            |              |                            |                       |          |
| 9.    | Please mention<br>Ph.D. or any Co  | in case pursu<br>urse of Study | ing                        |              | ,                          |                       |          |
|       | 800                                |                                |                            |              |                            |                       |          |
| 10.   | Whether NET q<br>If Yes, Year of Q |                                |                            |              |                            |                       |          |

| 11. | Teaching | Experience | (if | any) | ): |
|-----|----------|------------|-----|------|----|
|-----|----------|------------|-----|------|----|

| · Name of<br>College / University | Designation | Nature of Appointment | Period |    |
|-----------------------------------|-------------|-----------------------|--------|----|
|                                   |             | (Temp./Ad-hoc-Guest)  | From   | To |
|                                   |             |                       |        |    |
|                                   |             | -                     |        |    |
|                                   |             |                       |        |    |
|                                   |             |                       | 3 4    |    |
|                                   |             |                       |        |    |
|                                   |             |                       |        |    |

|  | s s                 | , 10<br>, 21<br>, 31 | . 4                       |
|--|---------------------|----------------------|---------------------------|
| 12. Subject Specialization                 |                     | -                    |                           |
| (1)  |                     | (2)                  |                           |
| (3)  |                     | (4)                  |                           |
|  |                     |                      |                           |
|  | DECLA               | RATION               |                           |
| I hereby affirm and declare the knowledge. | hat the information | given above by me is | correct to the best or my |
|  |                     |                      |                           |
|  |                     |                      |                           |
| Date:                                      |                     | (Si <sub>2</sub>     | gnature of Applicant)     |