



श्री राम कॉलेज ऑफ 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

March 1, 2025

NOTICE

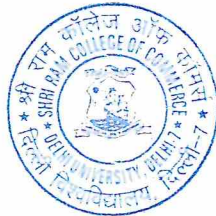
**Interview for appointment of Assistant Professor (on Guest Basis) in the
Department of English**

With reference to the Notice dated January 21, 2025 published on the College and University websites for Assistant Professor (on Guest Basis) in the Department of English, 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	:	04.03.2025 (Tuesday)
Reporting Time	:	09:00 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 duly filled and signed Application Form in the Form attached herewith. Before appearing for the Interview, the candidates are advised to ensure that they fulfil the required eligibility, terms and conditions for appointment of Assistant Professor (on Guest Basis) as per rules of the University of Delhi.

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




Administrative Officer

SHRI RAM COLLEGE OF COMMERCE
(University of Delhi)

Sl. No. _____
(In Ad hoc Panel of the department of DU)

APPLICATION FORM FOR THE POST OF
GUEST LECTURER

DEPARTMENT _____
(Hindi/English/Commerce/Economics/Political Science/Mathematics/Environmental Studies)

1.	Name (In Block letters)	
2.	Father's/Husband Name	
3.	Date of Birth	
4.	Category & Gender	
5.	Address for Communication	
6.	Mobile/Telephone No.	
7.	Email ID	

8. Educational Qualifications:

Exam. Qualified	Year of Passing	Institutions & University	Main Subjects	Percentage of Marks	Division
Undergraduate					
Postgraduate					
M.Phil.					
Ph.D.					
Any Other					

9.	Please mention in case pursuing Ph.D. or any Course of Study	
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10.	Whether NET qualified (YES/NO) If Yes, Year of Qualifying NET.	
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11. Teaching Experience (if any):

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

12. Subject Specialization

(1) _____

(2) _____

(3) _____

(4) _____

DECLARATION

I hereby affirm and declare that the information given above by me is correct to the best of my knowledge.

Date: _____

(Signature of Applicant)