

कार्यालय संकायाध्यक्ष: हेमवती नंदन बहुगुणा गढ़वाल
(केंद्रीय) विश्वविद्यालय, श्रीनगर गढ़वाल, उत्तराखण्ड

Dated: 28 Feb, 2025

आवश्यक सूचना

सत्र 2024 -25 हेतु अंशकालिक/ अस्थाई अतिथि शिक्षकों की सेवाएं ली जानी है। इस हेतु **फार्मास्यूटिकल केमिस्ट्री विभाग** चौरास परिसर में एक) 01 (अतिथि शिक्षक की नियुक्ति हेतु आवेदन पत्र आमंत्रित किए जाते हैं।

अतः इच्छुक अभ्यर्थी दिनांक 06.03.2025 तक संलग्न आवेदन पत्र को भरकर विज्ञान संकाय कार्यालय बिड़ला परिसर श्रीनगर में जमा करें अथवा pharmachemhnbgu@gmail.com पर मेल करें, तथा उक्त पद के साक्षात्कार हेतु दिनांक 07.03.2025 को पूर्वाह्न 11:00 बजे विज्ञान संकाय कार्यालय बिड़ला परिसर श्री नगर में अथवा ऑनलाइन साक्षात्कार के लिए अपने समस्त मूल प्रमाण पत्र सहित अनिवार्य रूप से उपस्थित रहें।

प्रो. पी.डी. सेमल्टी
संकायाध्यक्ष विज्ञान संकाय
हे. न. ब. ग. वि. वि. श्रीनगर गढ़वाल उत्तराखण्ड,

APPLICATION FORM FOR THE ENGAGEMENT OF GUEST FACULTY FOR THE SESSION 2024-25.

1. Name of the Applicant:

2. Name of the Deptt./Course/ Center:

3. Date of Birth:

4. Category: GEN SC ST OBC PH

5. Address for Correspondence:

6. Contact No. : Mob Landline with STD Code:

7. Educational Qualifications:

| Class | Year | Subject | Name of the University | Total marks | % | Division |
|---|------|---------|------------------------|-------------|---|----------|
| 10 th Class/ Equivalent | | | | | | |
| 12 th Class/ Equivalent | | | | | | |
| Bachelor's Degree | | | | | | |
| Master's Degree | | | | | | |
| M.Phil/Equivalent | | | | | | |
| Ph.D. | | | | | | |
| NET UGC / CSIR/ Any other Exam passed equivalent to NET (SLET/SET etc.) | | | | | | |
| Title of the Thesis | | | | | | |
| Whether Ph.D. has been awarded as per UGC regulations 2009. | | | | | | |

8. Experience of Teaching/ Research

| Total Period of Experience (Please ensure that the period of Teaching & Research experiences claimed do not overlap) | | | | |
|--|--------------|-----------------------------------|--------------|--------------|
| Under Graduation Level | | Post-Doctoral: Teaching/ Research | | Publications |
| No of Years | No of Months | No of Years | No of Months | |
| | | | | |
| Graduation Level | | Research Experience | | |
| No of Years | No of Months | No of Years | No of Months | |
| | | | | |
| Post Graduation Level | | Other Experience, if any | | |
| No of Years | No of Months | No of Years | No of Months | |
| | | | | |

Declaration:
I _____ Son/Daughter of _____ hereby declare that all the statements and entries made in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect or ineligibility being detected before or after my engagement as Guest Faculty, my candidature/ engagement may be cancelled by the University.
Date: _____

Signature of the Applicant

Name (in block letters):
(Application not signed by the candidate liable to be rejected.)