

**Hemvati Nandan Bahuguna Garhwal University**

*(A Central University)*

Srinagar Garhwal (Uttarakhand) – 246174

It is notified that Walk-in-Interviews for engagement of Guest Faculty in the Departments of English and Music/Tabla (Birla Campus) [English – 01 Seat, Music/Tabla – 01 Seat] for the academic session 2025–26 will be held on 25th September 2025 at 10:00 AM in the respective departments.

Interested candidates may download the application form and submit the duly filled-in form along with necessary documents at [manjularana123@gmail.com](mailto:manjularana123@gmail.com) within seven (07) days from the date of uploading of this notice. The Applications received after the last date and time will not be entertained at all.

Prof. Manjula Rana

Dean

School of Arts, Communication and Languages

Hemvati Nandan Bahuguna Garhwal University

**Hemvati Nandan Bahuguna Garhwal University, Srinagar (Garhwal), Uttarakhand – 246 174**  
**(A Central University)**

## APPLICATION FORM FOR THE ENGAGEMENT OF GUEST FACULTY FOR THE SESSION 2025-26.

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 and Email ID of the candidates:

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

7. Educational Qualifications:

Class	Year	Subject	Name of the University	Total marks	%	Division
10 <sup>th</sup> Class/ Equivalent						
12 <sup>th</sup> 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.)