

## LADY SHRI RAM COLLEGE FOR WOMEN

(UNIVERSITY OF DELHI) NAAC 'A' Accredited

## **APPLICATION FORM FOR AD-HOC / GUEST FACULTY**

1.	Name (in Block letters):						
2.	Father's Name			Mother's Name			
3.	Date of	Birth	(in	(in words)			
4.	Residential Address (Permanent)						
	Residential Address (Local)						
	Email: Mobile No						
5.	Category (Gen./SC/ST/OBC/EWS/PH): Gender (Male/Female/Other):						
6.	PAN No AADHAR No						
7.	ACADE	MIC QUALIFICA	TIONS:				
					Aggregate Marks		
Exam. Passed		Year of Passing	Name of University	Main Subject	Marks obtained/ Max. Marks	%	Div. / Grade
Bachelor's Degree							
Master's Degree							
M.Phil.						ı	
Ph.D							
Any o	other						
(Please	enclose	d your self-atte	sted copy of all acade	mic certificate otherwise a	application will be	rejecte	ed)
8.	Field of	Specialization,	if any:				
9.	Whethe	er the candidate		<b>(</b> Y	es / No)		
If Yes: Number of Publications/ Articles							
10. Whether the candidate has qualified UGC NET / JRF Examination (attach copy of certificate): (Yes / No)							
							es / No)
Declara	ation: I d	eclare that the	statements made in th	nis application are true to	the best of my kn	owledg	e and faith

Date of Submission: (Signature of Applicant)