

**LAKSHMIBAI COLLEGE
(UNIVERSITY OF DELHI)
ASHOK VIHAR-III
DELHI – 110 052**

APPLICATION FORM FOR GUEST FACULTY IN LAKSHMIBAI COLLEGE FOR THE SESSION 2019-2020

1. Name: (in block letters) _____
2. Father's Name _____ Mother's Name _____
3. Date of Birth _____ (in words) _____
4. Residential Address (Permanent) _____
_____ Email. _____
Residential Address (Local) _____
_____ Mob. No. _____
5. Category Gen./SC/ST/OBC/PH _____ Gender (Male/Female/Other) _____

ACADEMIC QUALIFICATIONS:

Exam. Passed	Year of Passing	Name of University	Main Subject (s)	Aggregate Marks		
				Max. Marks/ & Obtained	%	Div./ Grade
Bachelor's Degree						
Master's Degree						
M.Phil.						
Ph.D.						
Any other Course						

(Please enclosed self attested copy of all academic certificate other wise application will be rejected)

1. Field of Specialization, If any:
2. Whether the candidate has published any Publication / articles: **(Yes / No)**
If yes: No. of Publications..... / Articles.....
3. Whether the candidate has qualified UGC NET/JRF Examination (attach copy of certificate): **(Yes / No)**
4. Teaching Experience (If yes, Pl. attach copies of certificate) : Years:..... Months:..... **(Yes / No)**

Declaration: I declare that the statements made in this application are true to the best of my knowledge and belief.

(Signature of Applicant)

Date of submission: