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| **Department of MathematicsFaculty of Mathematical Sciences, University of Delhi**APPLICATION FOR CONSIDERATION FOR ADDITIONAL AD-HOC PANEL 2019-2020 | **Passport size Photograph** |
| **APPLICATION TYPE: NEW/CHANGE IN CATEGORY/EXISTING (RENEWAL)** **For existing, provide Category (I-VII) \_\_\_\_\_\_\_\_ at Sl. No.: \_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_\_****Date of submission of online form - \_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **NAME** (in Block Letters): |
| **FATHER’s NAME:** | **Reservation Category**(GEN/EWS/SC/ST/OBC/PH\*)\*(Only BL – Both Leg /OA- One Arm /OL – One Leg are eligible) |
| **Date of Birth (DD/MM/YYYY):** | **Sex:** |
| **Permanent Address:****Email:** **Mobile/Phone:**  | **Address for Correspondence:****Email:** **Mobile/Phone:**  |
| **Academic Qualifications** |
| ***Examination Passed*** | ***University/Institution*** | ***Year of Passing/ Award***  | ***Division/******Class***  | ***Percentage of Marks*** |
| B.A./B.Sc.(Gen./Hons.)Subjects:  |  |  |  |  |
| M.A./M.Sc.Subject:  |  |  |  |  |
| M.Phil. |  |  |  |  |
| Title of Dissertation:  |
| Ph.D. |  |  | *Title of Thesis:* |
| Any other degree |  |  |  |  |
| UGC/CSIR NET Qualified? If Yes, provide details. | *YES/No. Roll Number: Year of qualification: Rank (if any):*  |
| **Teaching Experience**

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| --- | --- | --- | --- |
| ***Name of Institute*** |  ***From*** | ***To*** | ***Period*** |
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| ***Eligible category (Please tick one)***

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| ***I*** | ***I division from graduation onwards+Ph.D.*** |  |
| ***II*** | ***I division in graduation or PG level +Ph.D.*** |  |
| ***III*** | ***I division from graduation onwards+NET*** |  |
| ***IV*** | ***I division in graduation or PG level + NET*** |  |
| ***V*** | ***II division from graduation onwards(55% marks/50% for SC/ST) + Ph.D.***  |  |
| ***VI*** | ***II division from graduation onwards(55% marks/50% for SC/ST) + NET*** |  |
| ***VII*** | ***Other eligible candidates*** |  |

***List your research publication on reverse side of this page (list all authors, title of the paper, journal, volume, issue, year, page numbers).******Date: Signature*** |