**गणित विभाग**

# Delhi University LogoDEPARTMENT OF MATHEMATICS

**दिल्‍ली विश्‍वविद्यालय, दिल्‍ली-110007**

# UNIVERSITY OF DELHI, DELHI – 110007

**ई-मेल :** **head@maths.du.ac.in** **दूरभाष. 27666658**

**Application for the post of Guest Faculty in Mathematics**

|  |  |  |
| --- | --- | --- |
| **Name in Full** **(in Block Letters)** | **:** |  |
| **Date of Birth** | **:** |  |
| **Address** | **:** |  |
| **Category** | **:** |  |
| **Mobile No.** | **:** |  |
| **E-mail** | **:** |  |
| **Particulars for the last Examination Passed :**  |
| **S. No.** | **Name of Examination passed**  | **Name of Board / University** | **Max. Marks** | **Marks obtained**  | **% of Marks** | **Year of Passing** |
| 1 | Sr. Sec. School |  |  |  |  |  |
| 2 | Graduation |  |  |  |  |  |
| 3 | Post-Graduation  |  |  |  |  |  |
| 4 | M.Phil |  |  |  |  |  |
| 5 | Ph.D  |  |  |  |  |  |
| **Whether qualified NET (Yes / No)** |  |
| **Area of Specialization**  |  |
| **Teaching Experience**  | **From** | **To** | **Period** |
| **UG Level** |  |  |  |
| **PG Level** |  |  |  |
| **Preference of course to teach** |  |

**Attach a list of publications, list of conference attended etc.**

**I declare that the information given is correct to the best of my knowledge.**

**Date: Signature**