**गणित विभाग**

# Delhi University LogoDEPARTMENT OF MATHEMATICS

**दिल्‍ली विश्‍वविद्यालय, दिल्‍ली-110007**

# UNIVERSITY OF DELHI, DELHI – 110007

**ई-मेल :** [**head@maths.du.ac.in**](mailto: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**