

किरोड़ीमल कॉलेज

दिल्ली विश्वविद्यालय, दिल्ली-११०००७

KIRORI MAL COLLEGE

University of Delhi, Delhi-110007 NAAC Accredited A++ 3.54 CGPA, CYCLE 2 NIRF RANK 9

> Ref. No.KMC/Guest 2025-2026 01 December 2025

NOTICE

Applications in the prescribed format are invited for the appointment of Guest Faculty in the following departments:

S. No.	Department	No. of Posts
1.	Commerce	OBC-01, EWS-01
2.	English	OBC-01, SC-01
3.	Chemistry	SC-01
4.	Zoology	UR-04
5.	Hindi	OBC-02

- 1. The eligibility criteria for the Guest Faculty are as per the UGC Regulations, 2019 and as adopted by the University of Delhi/UGC.
- 2. The application format can be downloaded from the college website www.kmc.du.ac.in
- 3. The superannuated (Retired) teachers may also be considered for engagement as guest faculty subject to maximum age limit of 70 years.
- 4. The application along with the self-attested copies of the requisite documents should be sent to the Principal, Kirori Mal College, University of Delhi, Delhi 110007 by Registered/Speed Post or can be submitted personally in College Office on or before <u>08.12.2025 upto 5:00 p.m.</u> No application would be accepted beyond <u>08.12.2025</u>.
- 5. The applicant should not hold any other teaching assignment.
- 6. The envelope containing the application should be superscribed "Application for the post of Guest Faculty (Name of the Department)".
- 7. The date and time of the interview will be displayed on the college website. No separate intimation will be given for the same. Candidates are advised to check the College website regularly.
- 8. College reserves the right to change the number of post/s or not to fill any of the above notified posts.

Prof. Dinesh Khattar Principal

Email.: principal@kmc.du.ac.in

दूरभाषः- 011-71219044



KIRORI MAL COLLEGE

(University of Delhi) North Campus, University of Delhi, Delhi – 110007

APPLICATION FORM FOR APPOINTMENT OF GUEST FACULTY

Paste recent passports size photograph

1.	Subject/Department applie	ed:					
2.	Name (In capital letter):						
3.	Parent/Husband's Name:						
4.	Gender: Male/Female/Oth	er	D.O.B. (c	ld/mm/yyyy)			
5.	Category: General/SC/ST/	OBC/PwD/E	EWS				
6.	Email ID:		Mobil	e Number	<u> </u>		
7.		esidential Address:					
	(ity:	State:	Pin code:			
8.	Permanent Address:						
	(City:	State:	Pin code:			
9.	Subject of Post-Gradua	tion:					
10	. ACADEMIC QUALII	FICATIONS	S:				
	UG-Examination	Name of th	e University	% of Marks	Year of Passing		
	PG-Examination	Name of th	e University	% of Marks	Year of Passing		
	M.Phil	Name of th	e University	% of Marks	Year of Passing		
	Ph.D.	Name of th	e University	% of Marks	Year of Passing		
	NET (National Eligibility Test)	Name of th	e University	% of Marks	Year of Passing		

11. TEACHING EXPERIENCE:

Name of the Institution & University	Permanent/Temporary/ Ad-ho/Guest	From	То				
Total Experience: YearMonthsDays							
12. PRESENT EMPLOYMENT DETA Name of the Institution & University		From	To				
Name of the institution & University	Designation	FIOIII	10				
13. RESEARCH EXPERIENCE: Year	Months		Days				
eclaration:							
certify that the information given above is	correct and factual to the bes	st of my knowle	edge and belief.				
understand that my application shall be sun correct/false and penal action as applicable							
ate:							

(Signature of Candidate)