



किरीडीमल कॉलेज

दिल्ली विश्वविद्यालय, दिल्ली-११०००७

KIRORI MAL COLLEGE

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


Date: 16.07.2025

CORRIGENDUM

This is with reference to Advt. No. KMC/Guest 2025-2026 dated 27.06.2025 for the appointment of Guest Faculty in various departments of Kirori Mal College. The following additions are made in the number of posts in the following departments.

S.No	Department	No. of Posts
1.	Chemistry	UR-2
2.	Physics	ST-3
3.	Geography	SC-1

1. The last date for submission of application form is on or before **23.07.2025 upto 5:00 p.m.** No application will be accepted beyond **23.07.2025.**
2. All other conditions of the Advertisement will remain the same.


Prof. Dinesh Khattar
Principal



KIRORI MAL COLLEGE

(University of Delhi)

North Campus, University of Delhi, Delhi – 110007

APPLICATION FORM FOR APPOINTMENT OF GUEST FACULTY

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photograph

1. Subject/Department applied: _____
2. Name (In capital letter): _____
3. Parent/Husband's Name: _____
4. Gender: Male/Female/Other _____ D.O.B. (dd/mm/yyyy) _____
5. Category: General/SC/ST/OBC/PwD/EWS _____
6. Email ID: _____ Mobile Number _____
7. Residential Address: _____
City: _____ State: _____ Pin code: _____
8. Permanent Address: _____
City: _____ State: _____ Pin code: _____
9. Subject of Post-Graduation: _____

10. ACADEMIC QUALIFICATIONS:

UG-Examination	Name of the University	% of Marks	Year of Passing

PG-Examination	Name of the University	% of Marks	Year of Passing

M.Phil	Name of the University	% of Marks	Year of Passing

Ph.D.	Name of the University	% of Marks	Year of Passing

NET (National Eligibility Test)	Name of the University	% of Marks	Year of Passing

11. TEACHING EXPERIENCE :

Name of the Institution & University	Permanent/Temporary/ Ad-ho/Guest	From	To

Total Experience: Year _____ Months _____ Days _____

12. PRESENT EMPLOYMENT DETAILS (IF ANY):

Name of the Institution & University	Designation	From	To

13. RESEARCH EXPERIENCE:

Year	Months	Days

Declaration:

I certify that the information given above is correct and factual to the best of my knowledge and belief.

I understand that my application shall be summarily rejected if any of the above stated information is found incorrect/false and penal action as applicable under the law shall be carried out against me.

Place: _____

Date: _____

(Signature of Candidate)