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
18 August 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.	Botany	EWS-02
2.	Philosophy	OBC-1
3.	Political Science	UR-2
4.	Zoology	UR-2,OBC-1
5.	Mathematics	SC-2
6.	Commerce	SC-1, UR-1
7.	Sanskrit	SC-1
8.	English	OBC-1, LD-2

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 **25.08.2025 upto 5:00 p.m.** No application would be accepted beyond **25.08.2025.**
5. The envelope containing the application should be superscribed "Application for the post of Guest Faculty (Name of the Department)".
6. 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.
7. 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 दूरभाष:– 011-71219044

KIRORI MAL COLLEGE

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

Paste recent passports size photograph

APPLICATION FORM FOR APPOINTMENT OF GUEST FACULTY

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)