

Indira Gandhi Delhi Technical University For Women

(Established by Govt. of Delhi vide Act 09 of 2012) (Formerly Indira Gandhi Institute of Technology) Kashmere Gate, Delhi-110006

Department of Architecture And Planning

APPLICATION FORM FOR EMPANELMENT OF PART-TIME/GUEST/VISITING FACULTY

	Note: 1. Fill in all the information in block letters only. 2. Attach separate sheet in case of insufficient space in any column. 3. Attach copies of all the qualification & experience certificates.
1.	Specialization Area
2.	Candidate's Name in full
3.	Father's/ Husband's Name:
4.	Permanent residential address:
	PIN PIN
5.	Address for correspondence: PIN PIN
6.	(a) Telephone No. (with STD Code):
	(b) Mobile No. :
	(c) Fax No. (with STD code) :
7.	E-mail address:
8.	Marital status: 9. Gender
10.	Nationality :
11.	Category (General/SC/ST/OBC(Non-Creamy-Layer))
12.	Designation & complete postal Address of current employer

. 13 Educational Qualifications:

Examination	University/ Board	Year of Passing/ Award	Division	% age of marks / Grade	Subjects (Field of Specialization if any)
Matric /SSC/ 10 th Class					
10+2 or equivalent					
*Graduation or equivalent					
* Post Graduation or equivalent (M.A/MBA/MSC/ MTECH ETC					
				** Title	of Ph.D. Thesis
Ph. D. **					
Any other					

* Indicate Degree Awarded

14. Experience (Please start with the latest):

Name of the Institution/organization	Post held	Pay scale	Period		Nature of Work	Last basic pay (inRs.)	Reasons for leaving (wherever
			From	То			applicable)

		Thesis							(Da)				(N.L.	4la \					_	(Yea	<u>r)</u>
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	of		(Month) (Year)																		
	ii) Ro	oll No.			:																
	Teach	Teaching/ Research / Industry Experience:																			
	(a)To														Mon	ths)					
	(b)	Guidance/supervision of Ph.D. Thesis: (i) No. of candidates registered for supervision at present:																			
		(ii) No. o	f cand	candidates who have successfully completed Ph.D. :																	
		(iii) No. o	of cand	candidates who have successfully completed M. Phil:																	
	(c)		Research: (i) Number of years											:							
		(ii) Nam	e of th	e ins	titut	ion(s) wh	ere v	vork	do	ne	:									
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			Join	Jointly																	
		Papers/ Articles	Ind	Independently																	
			Join	Jointly																	
	(c) Abstracts		Ind	Independently																	
			Join	Jointly																	
	(d) Patents		Ind	epen	dent	ly															
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	Any	other releva	nt info	orma	tion	you	wish	to g	ive i	n sı	ірро	rt of	your	cand	idat	ure:					
	Certified that the information given by me in this application form is complete and correct to the best																				
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Date: Place: