

गोविन्द गुरु जनजातीय विश्वविद्यालय

बाँसवाड़ा-327001

02962.244022

registrar@ggtu.ac.in

क्रमांक / गोगुजवि / बांस / 2021–22 / 34

दिनांक : ४७. ७, ३१

REQUIREMENT OF GUEST FACULTY

Application are invited on prescribed form for the faculty as Guest Faculty (Under the Vidya Sambal Yojana of State Govt.) from a persons having Ph.D /NET/SLET. as per UGC Qualification in the subjects.

S. No.	Port Graduate/Diploma Programs
1.	M.Sc (Mathematics)
2.	MA YOGA
3.	MA Music
4.	MA Fine Arts
5.	Advance Diploma in Animal Husbandry

Remuneration will be according to the Vidya Sambal Yojana of State Govt. All the terms and conditions will be as per UGC/GGTU/State Govt. rules applicable from time-to-time during the session. The prescribed application form can be downloaded from University website www.ggtu.ac.in. Application with all necessary documents must be submitted to undersigned at University Office before 4 February 2022 till 3.00 P.M.

Banswara

Date:

REGISTRAR



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दिनांक :

APPLICATION FROM FOR ENGAGEMENT AS GUEST FACULTY FOR ENGAGING CLASSES ON PERIOD BASIS

Instruction:

- 1. Separate application is required for each subject.
- 2. Application duly filled should be submitted to the registrar GGTU latest by 4, February 2022 till 3.00 P.M.
- 3. The application will not be entertained after the prescribed last date.
- 4. Self-Attested copies of Mark Sheets, Certificates etc. Must be enclosed with the
- 5. Incomplete from will be rejected without any notice.

PART-A

(To be filled in the candidate's own handwriting) Name of the Subject/ Course 2. Advertisement No.& Date Category (Please tick) 3. 1. Retired teacher from University/college 2. Teacher working in other institution 3. Other Name of Candidate in Block Letter 4. Reservation Category(if SC/ST /OBC 5. (Non-Creamy Layer, PH, attach certificate) Father's/ Husband's Name 7. Date of Birth Aadhaar Number 8. PAN Card Number 9. 10. Permanent Address in Full Pin Code :-Mobile No:-E-mail Present Address(if different from 11. above)

10. Educational Qualifications

Examination Passed	Board/University	Year	Subject /Specialization	Division	(*%/CG
Secondary			/Specialization		PA)
Senior Secondary					
Graduation					
Post-Graduation					
Post-Graduation					
M.Phil.					Onderpromote Annales Contraction (Contraction Contraction Contract
Ph.D					
PG Diploma (other)					
JRF/NET/SLET etc.					

11. Teaching Experience (attach Certificate)

S.N.	Organization	Post Held	From	То	Classes T. 1.
			110111	10	Classes Taught
0					

12. Research Paper

No of Daniel D
No. of Research Paper

^{*}Attach list of publication with ISSN No

13. Books Publication

ICDAT	
ISBN	Books with ISBN

14 Awards

Journal/Book	No. of Posseral P
International Level	No. of Research Paper
National Level	
State Level	

DECLARATION

I hereby declare that all the entries in this from are true to best of my knowledge and belief and that I have not concealed any fact.

I hereby agree to undertake teaching assignments allotted to me on period basis as per rates of honorarium approved by the university for a period as per requirement of the University.

I will abide by all conditions of an affidavit submitted by me along with my application.

Date	SIGNATURE OF THE CANDIDATE
Place	Name