



CHAUDHARY DEVI LAL UNIVERSITY, SIRSA

(Established by the State Legislature Act 9 of 2003)



NOTICE FOR EXTENSION OF DATE AND INTERVIEW

With reference to the Notice uploaded on the University Website i.e. www.cdlu.ac.in regarding requirement of Three Part Time Teachers (Pharmacology-01, Pharmaceutical Chemistry-01, Pharmacognosy-01) to teach courses of B. Pharm programme for the academic session 2024-25, it is informed to all concerned that the last date for submission of application form alongwith documents and consent form has been extended upto 02.08.2024. Interested applicants may send their application form in the prescribed proforma alongwith documents and consent form in one PDF through email of Establishment Branch i.e. esttbrt@cdlu.ac.in. Qualifications of the candidate should be as per Pharmacy Council of India regulations 2014. Part Time Teachers (in case of Ph.D.) will be paid remuneration @ Rs. 750/- per lecture subject to a maximum of Rs. 35,000/- per month. However, the Part Time Teachers (other than above) shall be paid @ Rs. 750/- per lecture subject to maximum limit of Rs. 30,000/- per month.

Applicant who has already applied earlier need not to submit their application form again.

**Date of Interview: 06.08.2024 at 11:00 A.M. onwards in the O/o
Dean, Academic Affairs**

The number of Part Time Teachers can be **increased or decreased** as per the requirement of the Department of Pharmacy.

No TA/ DA will be paid to the candidates for attending the interview.

**-sd-
REGISTRAR**

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Application form for the engagement of Part Time Teacher in the Department of _____ for Academic Session 2024-25.

1. Name: _____
2. Father's name: _____
3. Date of Birth: _____
4. Correspondence add. _____

- Mobile No. _____
- E-mail address _____
5. Educational qualifications: _____

Paste here your
recent self-attested
passport size
photograph

Exam/ Degree	Univ./Board	Year of passing	Marks obtained/ Total marks	% of marks	Division
Matric					
12 th					
BA/B.Sc./B.Com./ B.Pharmacy/LLB./B.Te ch. etc.					
M.A./M.Sc./M.Com./ M.Pharmacy/LLM./ M.Tech. etc.					
M.Phil.					
Ph.D.					
Any other					

6. NET/SLET/Ph.D.: _____
7. Mention the status of Ph.D. awarding University _____
(i.e. Central/State/Deemed/Private University with NAAC Grade)
8. Category (Gen./SC/BC/ESM/SBC/EBPG/PWD): _____
9. Teaching Experience: (subject to production of experience certificate)

Name of the Employer	Post held	Pay Scale/ Consolidated pay	From	To

10. Research Experience: _____
11. Field of specialization: _____

I certify that the above information given by me is true to the best of my knowledge and belief. If at any time, I am found to have concealed any material/information or given any false details, my engagement shall be liable to be summarily terminated without notice or compensation.

Dated: _____
Place: _____

(Signature of the candidate)
Mob. No.: _____
E-Mail ID.: _____

CONSENT

I hereby give my consent to join the Department of Pharmacy, Chaudhary Devi Lal University, Sirsa in case of selection for Part Time Teacher in the Department of Pharmacy as per terms and conditions laid down in the University.

Signature

Name: _____

Address: _____

Mobile No.: _____

Email ID: _____