



CHAUDHARY DEVI LAL UNIVERSITY, SIRSA



(Established by the State Legislature Act 9 of 2003)



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

- Name: _____
- Father's name: _____
- Date of Birth: _____
- Correspondence add. _____

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

Paste here your
recent self-attested
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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					

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

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

- Research Experience: _____
- 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: _____