



# Satyawati College (Evening)

(University of Delhi)

Ashok Vihar, Phase-III, Delhi-110052

Telephone : 27213402

APPLICATION FOR THE POST OF ASSISTANT PROFESSOR IN THE DEPARTMENT  
OF \_\_\_\_\_ UNDER CATEGORY \_\_\_\_\_ (SC/ST/OBC/PH/OH/GEN)

1. NAME (In Capital Letters) : Dr./Mr./Ms. \_\_\_\_\_
2. PARENT/HUSBAND'S NAME : \_\_\_\_\_
3. DATE OF BIRTH & AGE : \_\_\_\_\_
4. MAILING ADDRESS : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone : \_\_\_\_\_

5. ACADEMIC QUALIFICATIONS :

Exam. Passed	Division	% of Marks	Year of Passing	Board / University
Matriculation				
Hr. Sec./Intermediate				
B.A./B.Sc./B.A. (H) B.Com. (P)/B Com. (H)				
M.A./M. Com.				
M.Phil./M.Litt.				
Ph. D.	Topic			
D. Litt./D.Sc./Any other				

6. WHETHER CLEARED NET EXAMINATION OR SIMILAR TEST CONDUCTED BY  
U.G.C. FOR LECTURERSHIP? IF YES, GIVE DETAILS : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. RESEARCH EXPERIENCE : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. TEACHING EXPERIENCE :

Name of the Institution & University

Period

i) _____	_____
ii) _____	_____
iii) _____	_____
iv) _____	_____
v) _____	_____

**Total Experience:**

**Years**

**Months**

9. ADMINISTRATIVE/ORGANIZING EXPERIENCE :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. PUBLICATIONS, IF ANY : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

11. ANY OTHER INFORMATION: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*Note: Attach self attested photocopy of relevant certificates/testimonials. If required, attach separate sheet(s).*

DATE: \_\_\_\_\_

SIGNATURE OF THE CANDIDATE