<u>Department of Economics, HNB Garhwal University, Srinagar</u> <u>Garhwal, Uttarakhand</u>

Ref: HNBGU/Eco/2023/188Date:31-05-2023

WALK-IN-INTERVIEW FOR GUEST FACULTY

Candidates are invited for appearing offline in **Walk-in-interview** for selection of guest faculty in the Department of Economics, Birla Campus, HNB Garhwal University, Srinagar Garhwal.The walk-in-interview is scheduled on 16thJune, 2023 (Friday) (10:00 AM) at Department of Economics, HNB Garhwal University. Candidates appearing for interview should bring duly filled enclosed application form along with one set of the photocopies of testimonials (Marksheets, Certificates and research papers) and original documents for their verification. No TA/DA will be given to the candidates appearing for the interview.

(Prof. M C Sati) Head Department of Economics HNB Garhwal University Srinagar Garhwal (Uttarakhand) Email: <u>satimc@rediffmail.com</u> Mobile : 9149326730



Hemvati Nandan Bahuguna Garhwal University Srinagar (Garhwal), Uttarakhand – 246 174 (A Central University)

APPLICATION FORM

FOR THE ENGANGEMENT OF GUEST FACULTY FORTHESESSION 2023-24.

1. Name of the Applicant:

2. Name of the Deptt/Course/ Center:

3. Date of Birth:

4. Category:

GEN	SC	ST	OBC	PH

5. Address for Correspondence:

Complete Address:

6. Contact No. (Mobile and Email ID)

Mob No:

Email ID:

7. Educational Qualifications:

Class	Year	Subject	Name of the University	Total marks	%	Division
10 th Class/ Equivalent						
12 th Class/ Equivalent						
Bachelor's Degree						
Master's Degree						
M.Phil/Equivalent						
Ph.D.						
NET						
UGC / CSIR/ Any other Exam passed equivalent to NET (SLET/SET etc.)						
Title of the Thesis:						
Whether Ph.D. has been awarded as per UGC regulations 2009.						

8. Experience of Teaching/ Research

Under Graduation Level		Post-Doctoral: Teaching/ Research				
No of Years	No of Months	No of Y	ears	No of Months		
Graduation Level				Research Experience		
No of Years	No of Months	No of Years	No c	of Months		
Post Graduation Level			Otł	ner Experience, if any		

No of Years	No of Months	No of Years	No of Months

9. Publication (Maximum 5 Papers)

Author Name	Title of the Paper	Name of Journal	Year/ Volume/ Issue/page number	Refereed/ UGC Care / Scopus
1.				
2.				
3.				
4.				
5.				

Declaration:

I		Son/Dau	Ighterof
h	nereby	declare	that all
the statements and entries made in this application are true, o	comple	te and co	orrect to
the best of my knowledge and belief. In the event of any in	nforma	tion bein	g found
false or incorrect or ineligibility being detected before or af	ter my	engager	ment as
Guest Faculty, my candidature/ engagement may be cancelle	d by th	e Univers	sity.

Date:

Signature of the Applicant

Name (in block letters)

(Application not signed by the candidate is liable to be rejected.)