Engagement of Guest Faculty in the *Centre for Folk Performing Arts & Culture* for the session 2026-27.

Applications are invited for Walk-in- Interview to engage Guest Faculty for regular study programme in the **Centre for Folk Performing Arts & Culture** for the session 2026-27. The interested candidates may apply on the attached format on and before 20-11-2026 (5:pm) duly filled application form with other necessary supporting documents through email at dean.acl.off@gmail.com with cc to ganikhugshal@gmail.com .

The terms and conditions for engagement of Guest Faculty shall remain same as notified by the University letter no: HNBGU/ Adm. (T)/2026/1483 dated 01-08-2026 and time to time conditions applicable for Guest Faculties.

Prof. (D.S. Kaintura)

Dean.

School of Arts, Communication & Languages,

HNB Garhwal University (A Central University)

Srinagar Garhwal. Uttarakhand.

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

APPLICATION FORM FOR THE ENGANGEMENT OF GUEST FACULTY FOR THE SESSION 2026-27.

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 and Email ID of the candidates
6. Contact No. : Mob Landline with STD Code:
7. Educational Qualifications:

Class	Year	Subject	Name of the University	Total marks	%	Division
10th Class/ Equivalent						
12th 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

Total Period of Experience (Please ensure that the period of Teaching & Research experiences claimed do not overlap)

Under Graduation Level			**Post-Doctoral: Teaching/ Research**		Publications
No of Years	No of Months		No of Years	No of Months	
Graduation Level			**Research Experience**		
No of Years	No of Months		No of Years	No of Months	
Post Graduation Level			**Other Experience, if any**		
No of Years	No of Months		No of Years	No of Months	

Declaration:

I_____-_____ Son/Daughter of _____ hereby declare that all the statements and entries made in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect or ineligibility being detected before or after my engagement as Guest Faculty, my candidature/ engagement may be cancelled by the University.

Date:

Signature of the Applicant

Name (in block letters):

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