

Dr. Ram Manohar Lohia Avadh University, Faizabad

Schedule of Walk-in Interview for the Engagement as Guest Faculty

S.N.	Name of the Subject/Department	Date of the Interview
1.	Civil Engenering (B.Tech)	11-09-2017
2.	Electronics & Communication (M.Tech)	11-09-2017
3.	Computer Science (M.Tech)	11-09-2017
4.	Information Technology (M.Tech)	11-09-2017
5.	Mechanical Engenering (M.Tech)	12-09-2017
6.	Electrical Engenering (B.Tech)	12-09-2017
7.	Bachelor in fine Art	12-09-2017
8.	B- Voc. in Journalism	13-09-2017
9.	B- Voc. in Tourism	13-09-2017
10.	B- Voc. in M.P.H	13-09-2017

Dr. Ram Manohar Lohia Avadh Univesity, Faizabad (UP)

No R.M.L.A.U./Admn./03/2017

Date: 31.08.2017

NOTICE FOR WALK-IN-INTERVIEW

Walk-in-interview for empanelment of Guest Faculty in the various academic departments/courses offered in the University will be held as per schedule with effect from 07.09.2017 in the Committee Room of the Vice-Chancellor. Eligible candidates as per the first statute of the University/U.G.C. norms may appear before the selection committee by filling the prescribed application form which is available on the University website www.rmlau.ac.in. Other details are also available on University website.

Details of Departments/Courses

- 1 Faculty of Engineering
 - a. Computer Science (M.Tech)
 - b. Electronics and Communication (M.Tech)
 - c. Information Technology (M.Tech)
 - d. Mechanical Engineering (M.Tech)
 - e. Civil Engineering (B.Tech.)
 - f. Electrical Engineering (B.Tech)
- 2 Faculty of Arts
 - a. Fine Arts
 - b. B.Voc Tourism
 - c. B.Voc Journalism
 - d. M.P.H.


Registrar

Important Instructions:

1. The candidates will have appear before the selection committee alongwith the prescribed application form and self attested one complete set of all academic and supporting documents. The candidates will also bring all original documents.
2. The candidates need not send application form by speed post or registered post.
3. The candidates should ensure that they are eligible for the post for which they are appearing before the interview and selection committee.
4. Mere fulfilling of minimum prescribed qualification will not entitle a candidate for appointment as guest faculty.
5. University reserves the right to fill or not fill the vacant post of the guest faculty.
6. The guest faculty shall be given Rs. 500/- per contact hour subject to maximum of Rs. 20,000/- per month as honorarium. Guest/Part time teachers may not be given the benefit of allowances, pension, gratuity etc.

Registrar



डॉ० राम मनोहर लोहिया अवध विश्वविद्यालय

इलाहाबाद बाईपास-फैजाबाद, 224001

DR. RAM MANOHAR LOHIA AVADH UNIVERSITY

ALLAHABAD BYPASS-FAIZABAD, 224001

Walk-In Interview Application Form for Guest Faculty

- Registration No. (For Office use Only): _____
- Advertisement No. 03/Guest Faculty /RMLAU/2017

1. Name of the Post Applied for: _____

Department: _____

2. Personal Details:

a) Name (in capital letters)	Mr./Ms./ Mrs./Dr.	First Name	Middle Name	Surname
b) Date of Birth (DD/MM/YY)				
c) Father's Name				
d) Mother's Name				
e) Nationality				
f) Gender	Male / Female:			
g) Religion				
h) Community/Category (cross the ones not applicable)	GEN/SC/ST/OBC/Other categories: If other Categories give details:			
i) Marital Status	Married/ Unmarried			
j) If physically disabled indicate the relevant particulars	If applicable write "Yes"	Percentage of Disability	Sl. No of proof enclosed	
i) Blindness of Low Vision				
ii) Hearing Impairment				
iii) Locomotors Disability or Cerebral Palsy (Includes all cases of Orthopedically Handicapped)				
k) Present Postal Address with Pin Code				
E-mail:				
Mobile No:				

Paste your
Passport size
photograph

3. Educational Qualifications (attach additional pages if required)								
Name of Qualification	Name of the Board/ University	Year	Division	% of marks	Aggregate Marks	CGPA (If grading is applicable)	Subject Studies	S. No. of proof enclosed
High School								
Intermediate								
Bachelor Degree								
Master's Degree								
M. Phil/ Equivalent								
Ph.D.								

Others, if any							

Indicate whether Ph.D. degree has been Awarded: Yes/No:

In case of Yes please submit the followings	Date of Registration	Date of Submission	Date of Notification	Sl. No. of Proof enclosed
NET UGC/CSIR For lectureship if any	Subject	Roll No	Year	
Any other Exam passed equivalent to NET (SLET/SET etc.)				

4. Chronological List of Experiences (including current position / Employment)

Designation & Pay Band	Name & Address of the Employment	Nature of employment (Permanent/ Temporary/ Contract/ Part Time)	Period of Experience		No. of Years/ Months	Nature of Work/Duties	Sl. No. of proof enclosed
			Date From	Date to			

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

a) Teaching	No of Years	No. of Months	Sl. No. of proof enclosed
i) Under Graduate (UG) Level			
ii) Post Graduation (PG) Level			
b) Post- Doctoral: Teaching/ Research			
c) Research Experience			
d) Other Experience, if any			

6. Publications, if any, in last five years (Mention here only numbers. The details of copies of reprint to be enclosed- for teaching posts only)

Publications	Published (Numbers)	ISBN/ ISSN No.	Accepted in print (No.)	Communicated (other than Published/ Accepted)	Sl. No. of proof enclosed
Books					
Books (As co-author)					
Books (edited)					
Chapter in books					
Research Paper					

Articles in referred journals					
Conference Proceedings					
Other Publications/Patents (Specify)					

7. Details of Academic Distinctions, if any

Name of the Academic Course / Body	Academic Distinction Obtained	S. No. of Proof enclosed

8. Present Position

Designation	Name of the Institution	Nature of Institution (Govt./ Autonomous Body/ Self Financing/ Private/ NGO/ Others (specify))	Basic Pay & Pay Band	Gross Pay/ Total Salary P.M. (in Rs.)	S. No. of proof enclosed

9. References (Three)

Name & Other Details	Referee-1 (Present Employer)	Referee -2	Referee - 3
Name			
Postal Address			
E- Mail			
Phone (Landline) with STD Code			
Mobile Ph.			
Fax:			

10. Total No. of self attested testimonials attached

(Applications without self attested testimonials will not be entertained)

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 the selection committee and Board of Management meetings, my candidature /appointment may be cancelled by the University.

Signature of the Applicant

Date

Name (in block letters)