

**National Institute of Technology, Kurukshetra**  
**Department of Computer Applications**

No. DCA/2021/07

Dated: 05.01.2021

**ENGAGEMENT OF GUEST FACULTY**

The Department of Computer Applications requires 3 Guest faculty members to meet out the teaching load requirement for PG classes during the upcoming semester on per lecture basis @ Rs 1500/- per lecture subject to a maximum amount of Rs 50,000/- per month.

The qualification for Guest faculty shall be the same as those for the regular Assistant Professor, i.e PhD. with 1<sup>st</sup> class at the master level.

The interested candidates may submit their application in the prescribed application form along with self-attested copies of certificates and mark sheets either by post or in person in the office of the Department or through email at [ca.nitkkr@gmail.com](mailto:ca.nitkkr@gmail.com) on or before 12.01.2021

The online interview would be conducted on 14.01.2021 From 11:00 AM onwards through Google meet link to be shared in due course of time on whatsapp or through email.

Head of Department

31125212/07  
5/1/2021  
Shekhar  
5/01/2021

Copy to:

1. Prof. incharge CCN for uploading on the institute website.
2. PS to Director for kind information of Hon'ble Director.





NATIONAL INSTITUTE OF TECHNOLOGY  
KURUKSHETRA-136119

Recent  
passport  
size color  
photograph  
be affixed

APPLICATION FORM

Application for the post of ..... Advt. No.: .....

1. Name of the Applicant: .....
2. Father's/Husband's Name: .....
3. Nationality: .....
4. Date of Birth: .....
5. Category (SC/ST/OBC/GEN): .....
6. Gender (Male/Female): .....
7. Marital Status: .....
8. Date of Retirement / Superannuation (if applicable): .....
9. Pension Payment Order No. & date, if applicable: .....  
(attach copy of PPO)
10. PAN Number (attach copy of PAN Card): .....
11. Aadhar No. (attach copy of Aadhar Card): .....
12. Last pay drawn/emoluments at the time of retirement (if applicable): .....
13. Post held at the time of retirement (if applicable): .....
14. Present Address: .....

..... Pin Code: .....

E-mail ID: ..... Phone/Mobile No.: .....

15. Particulars of Examination passed:

| Exam Passed | Year of passing | Board/ University | Subjects | Percentage of marks |
|-------------|-----------------|-------------------|----------|---------------------|
|             |                 |                   |          |                     |
|             |                 |                   |          |                     |
|             |                 |                   |          |                     |
|             |                 |                   |          |                     |
|             |                 |                   |          |                     |



16. Details of Professional training obtained, if any, during the period of service:

---

---

17. Details of experience – starting with the present post/retired from (separate sheet may be Attached, if required)

| Post Held  | Name of Organization | Period |    | Pay Band + Grade Pay | Length of Service in years | Nature of duties Performed |
|--|----------------------|--------|----|----------------------|----------------------------|----------------------------|
|  |                      | From   | To |                      |                            |                            |
|  |                      |        |    |                      |                            |                            |
|  |                      |        |    |                      |                            |                            |
|  |                      |        |    |                      |                            |                            |
|  |                      |        |    |                      |                            |                            |
|  |                      |        |    |                      |                            |                            |
|  |                      |        |    |                      |                            |                            |
|  |                      |        |    |                      |                            |                            |
| Total length of experience in years :                  |                      |        |    |                      |                            |                            |
| Knowledge of Computer :                                |                      |        |    |                      |                            |                            |
| If selected, what notice period required for joining : |                      |        |    |                      |                            |                            |

18. Any other information:

---

---

DECLARATION

It is certified that the information provided as above, is true & complete in all respect and to the best of my knowledge & belief. If anything is found wrong / incorrect, my application will be treated as cancelled and withdrawn.

(Signature of the Applicant)

Date: .....  
Place: .....

Name: .....  
Address: .....