

**DEPARTMENT OF MATHEMATICS**  
**National Institute of Technology**  
**Kurukshetra-136119**

MA/22/422

Dated: 30/09/2022

**ENGAGEMENT OF GUEST FACULTY**

**(Ref. No.: Estt.I/4236, dated: 23-07-2019, Estt.-I/4031, dated: 27-09-2022 )**

The **Department of Mathematics** requires **03 Guest faculty** to meet out the teaching load requirement for UG (B.Tech.) classes on lecture basis @1500/- per lecture plus 10% extra for examination related evaluation work subject to a maximum amount of Rs 70,900/- per month for candidate with Ph.D degree and Rs 57,700/- for the candidate with Ph.D. submitted/ M.Sc-NET/ M.Phill. Two tutorials/ seminars will be treated equivalent to one lecture.

**Eligibility Criteria:**

First class at both UG and PG level (60% or 6.5/10 CGPA) with Ph.D. Awarded/ Ph.D. Thesis submitted/ M.Sc.-NET/ M.Phill in Mathematics on or before the last date of Advertisement on the website.

The interested candidates must submit their applications in the prescribed form (attached) along with the self-attested copies of documents. The hard copy of the complete application must reach to the Department office on or before **17/10/2022 (Monday) by 5.00 PM**. Besides, the candidates are also required to fill the Google Form available on the link below:

<https://forms.gle/BHeeq5MQWGrCfDRL9>

The offline interview would be conducted in the Department of Mathematics on **20/10/2022 (Thursday)** from **10:00 AM** onwards. Candidates are requested to bring their all original testimonials.

**Postal Address:**

Head, Department of Mathematics  
National Institute of Technology, Kurukshetra  
Pin-136119

For any query email at [hodmaths@nitkkr.ac.in](mailto:hodmaths@nitkkr.ac.in) , [shashi.mathkkr@gmail.com](mailto:shashi.mathkkr@gmail.com).



**(Head of Department)**

**Copy to:**

1. Prof. Incharge CCN for uploading on the Institute website.
2. PS to Director for kind information of Hon'ble Director.
3. All HoDs for circulation.
4. Dean (FW).
5. Registrar Incharge.



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: .....