

**DEPARTMENT OF PHYSICS  
NATIONAL INSTITUTE OF TECHNOLOGY  
KURUKSHETRA**

No. Ph./24/ 4702

Dated: 12.06.2024

**ENGAGEMENT OF GUEST FACULTY**

The Department of Physics requires 07 Guest faculty members to meet out the teaching load requirement for UG/PG classes during the upcoming semester on per lecture basis @ ₹ 1,500/- per contact hour plus 10% extra for examination related evaluation work, subject to a maximum amount of ₹ 70,900/- per month for a candidate with Ph.D. degree. Lab classes, seminars etc. of 02 contact hours duration will be treated as 01 contact hour for the purpose of honorarium.

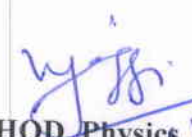
**Eligibility Criteria:**

First Class at both UG and PG Level (60% or 6.5/10 CGPA) with Ph.D. awarded.

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 [hodphysics@nitkkr.ac.in](mailto:hodphysics@nitkkr.ac.in) on or before 12.07.2024 by 05:00 pm.

**Postal Address:**

Head, Department of Physics,  
National Institute of Technology  
Kurukshetra-136119  
For any query email at [hodphysics@nitkkr.ac.in](mailto:hodphysics@nitkkr.ac.in)

  
HOD, Physics  
12/06/2024

**Copy to:**

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



**NATIONAL INSTITUTE OF TECHNOLOGY  
KURUKSHETRA-136119**

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**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. PAN,Number (attach copy of PAN Card): .....
9. Aadhar No. (attach copy of Aadhar Card): .....
10. Last pay drawn/emoluments at the time of retirement (if applicable):.....
11. Present Address:.....  
.....  
..... Pin Code .....
- E-mail ID:..... Phone/Mobile No.:.....

12. 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:

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17. Details of experience –

Post Held	Name of organization	Period		Pay Band + Grade Pay	Length of service in years	Nature of duties in performed
		From	To			
Total length of experience in years :						
Knowledge of computer:						

18. Any other information:

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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: .....