

**DEPARTMENT OF MATHEMATICS**  
**NATIONAL INSTITUTE OF TECHNOLOGY**  
**KURUKSHETRA – 136119**

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No.: MA/2024/323

Date: July 29, 2024

**Engagement of Guest Faculty**

**Walk-in Interview**

The Department of Mathematics invites applications for Guest Faculty positions to meet out the teaching load requirement for UG (B.Tech.) classes during the Odd Semester of Academic Year 2024-25 on per lecture basis @1500/- per lecture subject to a maximum amount of Rs. 70,900/- per month for candidates with Ph.D. Degree. Two tutorials/practicals will be treated equivalent to one lecture hour for the purpose of honorarium/remuneration.

The qualification for Guest Faculty shall be “First class both at UG and PG level (60% or 6.5/10 CGPA) with Ph.D. in Mathematics”. The selected candidates will have to complete all related evaluation & examination works along with the engagement of classes. The interested candidates must submit their application through google form in the prescribed application form along with self-attested copies of certificates and marks sheets either by post or in person in the office of the Department or through e-mail at [hodmaths@nitkkr.ac.in](mailto:hodmaths@nitkkr.ac.in) on or before **August 06, 2024 (Tuesday) by 05:00 PM**. The application form received after the last date and time will not be considered. The **presentation** followed by **interview** for the same shall be held on **August 07, 2024 at 10:00 AM** in the office of the Head of the Department. All are requested to bring all original testimonials at the time of interview. All the communications to the eligible candidates shall be done by e-mails. Click on the following Link or Scan the QR code to submit the application form.

<https://bit.ly/3ylo9eD>



The candidates should produce all the original certificates at the time of interview.

*Ravi Kaur*  
(HoD)

Copy to:

1. Professor - I/C (CCN) for uploading on the institute website.
2. Registrar in-charge
3. Assistant Registrar to Director for kind information of the Hon'ble Director
4. Notice Board



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

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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:

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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: .....