

**DEPARTMENT OF BUSINESS ADMINISTRATION  
NATIONAL INSTITUTE OF TECHNOLOGY  
KURUKSHETRA-136119**

**No: DBA/2024/631**

**Date: August 02, 2024**

**Walk in Interview for the Guest Faculty**

The Department of Business Administration requires Guest Faculty in the following Disciplines to meet out the teaching load requirement for MBA classes during the Odd Semester of Academic Year 2024-25 @ Rs. 1500/- per lecture subject to a maximum amount of Rs. 70,900/- per month for candidates with Ph.D Degree.

**Marketing Management (01)**

The qualification for Guest faculty shall be the same as that for Regular Assistant Professor i.e. *"First class both at UG and PG level with Ph.D in relevant branch"*. The selected candidates will have to complete all related evaluation & examination works along with the engagement of classes. Two tutorials/ practical will be treated equivalent to one lecture.

The interested candidates may submit their application in the prescribed application form along with self-attested copies of certificates and mark sheets through e-mail at [mba@nitkkr.ac.in](mailto:mba@nitkkr.ac.in). Screening & Document verification followed by Presentation and interview for the same will be held on 14.08.2024. Reporting time for Screening and Document verification is till 11:00 AM only.

*Neeraj*  
*02/8/24*

**HOD**  
**Head of Department**  
**Department of Business Administration**  
**National Institute of Technology**  
**Kurukshetra-136119**

**Copy to:**

- 1. Professor-I/C (CCN) to upload on the Institute website**





**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: .....