

UNIVERSITY OF DELHI

DEPARTMENT OF SOCIOLOGY

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Ref.No.SOCIO/2019/

Dated: 23rd August, 2019

GUEST FACULTY IN THE DEPARTMENT OF SOCIOLOGY DELHI UNIVERSITY (ACADEMIC YEAR 2019-2020)

The Department plans to appoint (03) Guest Faculty for the academic session 2019-20. Candidates who wish to be considered for Guest Faculty are required to submit their application on the prescribed proforma (including copies of mark-sheets and degrees) in the department office by Monday, 2nd September 2019 by 12.30 p.m. The date of interview will be notified on the Department website as well as on the Notice Board of the Department.

Candidates are required to fulfill the following eligibility conditions:

(i) Good academic record with at least 55% marks (50% for SC/ST/OBC/PH) or an equivalent grade at the Master's degree level in Sociology, Social Anthropology or allied social science from an Indian University or an equivalent degree from a foreign University.

Candidates who do not have an M.A. in Sociology MUST have both an awarded M.Phil. and Ph.D. (in hand, submitted, or in final stage of submission as attested by Supervisor) in Sociology.

Among candidates who have an M.A. in Sociology, preference will be given to those who possess a research degree – M.Phil./Ph.D. – in Sociology/Social Anthropology.

(ii) Besides fulfilling the above conditions candidates must possess NET/SLET.

Candidates should state the following:

a) Contact address and telephone number

b) Complete list of publications.

Mome Muthy (Prof. Roma Chatterji)

Head of the Deoartment

APPLICATION FOR GUEST FACULTY IN THE DEPARTMENT OF SOCIOLOGY IN DELHI UNIVERSITY

| Age & Date of Birth | (10 th class Certificat | te) | | |
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| Category: Whether S | | | | |
| Educational Qualification | | | | |
| Examination | Year of passing | Max. Marks | Marks obtained | Division |
| B.A. | | | | |
| M.A. (Mention Subject) | | | | |
| M.Phil. | | | | |
| Ph.D. | | | | |
| Whether cleared NET If Yes, give details, R Category: (As per UGC guidelin (I/II/III/IV/V/VI/VII) | oll No es) | Yes/No Year of Passi | ng | |
| Address: | | | | |
| | | . (1) | | |
| Email ID | | | | _ |
| Contact No | | | | |
| (Signature of the Cand Note: Please attach sel | , | ies of your gerti | ficates and m | ark-sheets |