

THE GANDHIGRAM RURAL INSTITUTE

(Deemed to be University)

GANDHIGRAM - 624 302 :: DINDIGUL DISTRICT :: TAMIL NADU Ministry of Education, (Shiksha Mandtralaya), Govt. of India Accredited by NAAC with 'A' Grade (3rd Cycle)

WALK-IN-INTERVIEW Notification for Engaging of Guest/Part Time Teacher

Instructions

- 1. The Candidates are informed to download the **Application Proforma** and bring the filled-in form at the time of Interview.
- 2. The Candidates are informed to provide **original evidence** of the particulars at the time of interview without fail.
- 3. The candidates are informed to appear **one hour before** the time allotted.
- 4. The University reserves the right to fill or not to fill the vacancies.

Date & Time: 15.04.2024; 10.30 am: Venue:Indira Gandhi Block

S. No.	Schools / Departments / Centres	Qualification and Specialization
1.	Dept. of Mathematics	M.Sc. with M.Phil./ Ph.D. / NET/ SLET in Mathematics/Applied Mathematics from any recognized College/University. Desirable qualification: Knowledge in Computer Programming. Age: Below 50 years
2.	Dept. of Sociology	Post Graduate Degree in Sociology with a minimum of 55% Specialization in Sociology of Development / Sociology of Health / Sociology of Media and Communication * Essential:NET/SLET/SET in Relevant Subject * Desirable M.Phil./Ph.D. Degree (or) Post-Graduate Degree in Social Work with a minimum of 55% Specialization in Community Development/Medical and Psychiatry Should have studied a minimum of Two Courses in Sociology * Essential:NET/SLET/SET in Relevant Subject * Desirable M.Phil./Ph.D. Degree
3.	School of Agriculture & Animal Sciences	GPT/TA-Agricultural Extension: A Master's Degree in Agricultural Extension from a recognized State/ Central Agricultural University with not less than 55% of marks (50% for SC/ST or equivalent OGPA). Candidates must have clearethe ICAR-NET/Ph.D. (Candidates without ICAR-NET/Ph.D may also attend but for the position of Teaching Assistant)

S. No.	Schools / Departments / Centres	Qualification and Specialization		
		GPT/TA-Agricultural Microbiology: A Master's Degree in Agricultural Microbiology from a recognized State/ Central Agricultural University with not less than 55% of marks (50% for SC/ST or equivalent OGPA). Candidates must have cleared the ICAR-NET/Ph.D. (Candidates without ICAR-NET/Ph.D may also attend but for the position of Teaching Assistant)		



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Application Proforma for the engaging of Guest/Part-Time Teacher

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1.	Name of the Candid	late					
2.	Gender		Male Female Transgender				
3.	Community		SC _	ST OF	BC UR		
4.	Date of Birth		DD / M	M / YYYY Age _	(as on 01-0	1-2024)	
5.	Address for Commu	nication					
	B:						
	Pin code :						
	Cell No:						
	E-mail:						
	PAN Andhar No. (comute	ha analasad)	-				
	Aadhar No. (copy to						
6.	Educational Quali	fication:					
	UG (Name of the De	egree with Major)				(_ %)
	PG (Name of the De					(_%)
	M.Phil. (Specialization with subject	on/Branch & Year)					
	Ph.D. (Specialization	n/Branch & Year)					
	Post-Doctoral experi (indicate period & the						7
	NET / SLET / SET (R	Reg. No. & Year)					
7.	Details of Teachin	g Experience					
	Name of the post						
	held	Institute / Organ	isation	From	То	Total	
	i)						
	ii)						
	iii)						
		Total		Years:	Months:		

	Pos	search contributions made*		
8.	a)	Total no. of research articles in U	ICC	•
	a)	CARE listed journals / SCI journal		
	b)	No. of books authored		4 = 1
	c)	No. of chapters in books authore	ed	
	d)	No. of presentations in the International conferences	,	
	e)	No. of presentations in the Natio conferences	nal	
	f)	Details of patents (if any)	•	
	g)	h-index		
	h)	Total no. of citations		
9.	Awa	ards / Honors received (if any)	
* Sc	anned	copies of the proofs may be atta	ched wherever necessary.	
				Signature of the Candidate
				Signature of the Candidate
Spe	cific F	Remarks of the Dean / Head /		Signature of the Candidate
Spe	cific F	Remarks of the Dean / Head /	Director :	Signature of the Candidate
Spe	cific I	Remarks of the Dean / Head /	<u> Director :</u>	Signature of the Candidate
Spe	cific I	Remarks of the Dean / Head /	<u>Director :</u>	Signature of the Candidate
Spe	cific F	Remarks of the Dean / Head /	Director :	Signature of the Candidate
Spe	cific I		Director :	Signature of the Candidate
		FOF	R OFFICE USE ONLY	
The	qualifi	FOF	R OFFICE USE ONLY ed by UGC along with experience is	
The	qualifi	FOF cation and specialization prescribe	R OFFICE USE ONLY ed by UGC along with experience is	
The certif	qualifi	FOF cation and specialization prescribe s and found correct. He / She is el	R OFFICE USE ONLY ed by UGC along with experience is	s verified with the original
The	qualifi	FOF cation and specialization prescribe	R OFFICE USE ONLY ed by UGC along with experience is	