



**चौधरी रणबीर सिंह विश्वविद्यालय, जींद**  
**Chaudhary Ranbir Singh University, Jind**  
**Established by the State Legislature Act 28 of 2014**  
(Recognized Under Section 12(b) & 2(f) of UGC Act, 1956)  
**DEPARTMENT OF PSYCHOLOGY**



Engagement of Part Time Faculty to teach M.A. 2<sup>nd</sup> and 4<sup>th</sup> and PGDGC 2<sup>nd</sup> Semester for Academic Session 2021-22.

Application in attached format is invited to engage part time faculty to teach to M.A. 2<sup>nd</sup> and 4<sup>th</sup> and PGDGC 2<sup>nd</sup> Semester 2021-22 in the Department of Psychology.

The applicant should be NET/JRF qualified or Ph.D. in the subject of Psychology.

**The total weight age given to the candidate will be as per given criteria:**

Sr. No.	Qualification	Weight age Marks	Max. Marks
1	10 <sup>th</sup>	10%	10
2	12 <sup>th</sup>	15%	15
3	Graduation	20%	20
4	Post Graduation	30%	30
5	NET/JRF	10/15	15
6	Ph.D.	10	10

Application is required to be submitted latest 11.04.2022 at [chpsychology@crsu.ac.in](mailto:chpsychology@crsu.ac.in) remuneration will be paid on lecture basis as per the university norms.

**Chairperson**

### Application to Engage as Part Time Faculty in Department of Psychology

Name .....

Mother's Name .....

Father's Name .....

Date of Birth .....

Address for Communication .....

.....

.....

Mobile No ..... Email Id.....

#### Qualification Details:

Examination	Institution	Board/University	Percentage/CGPA
10 <sup>th</sup>			
12 <sup>th</sup>			
Graduation			
Post Graduation			
NET			
Any Other			
Ph.D.			

- Ph.D. as per 2009 or later regulations will be considered. Candidate need to submit certificate for Ph.D. as per 2009 or later regulations.

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Passport Size  
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Papers can be taught as per requirement: .....

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**List of Enclosures:**

10<sup>th</sup> Mark sheet

12<sup>th</sup> Mark sheet

Graduation Mark sheet

Post Graduation Mark sheet  
Proof

NET/JRF Certificate

Any

Other

Qualification

Ph.D. Degree with compliance certificate as per UGC regulations.

**Declaration:**

I hereby declare that all the information submitted in the form are true. I shall be responsible for any wrong information or concealment of facts.

Date:

Place:

Signature of Candidate