



सत्यवती महाविद्यालय
Satyawati College
(दिल्ली विश्वविद्यालय)
(University of Delhi)



NAAC ACCREDITED 'A+' GRADE

Ref. No. SC/PA-21/2024-25

Date 25/9/2024

APPLICATIONS FOR THE POST OF PART TIME ALLOPATHIC DOCTOR

Applications are invited in the prescribed Application Form available on the college website www.satyawati.du.ac.in from eligible candidates for appointment of Part Time Allopathic Doctor for students and staff. Consolidated remuneration of Rs.45,000/- p.m. for 4 hours in day will be paid.

The interested candidates may send their application form along with CV and certificates at principal@satyawati.du.ac.in latest by 05.10.2024.

Any addendum/corrigendum shall be posted only on the College website.

Prof. Anju Seth
Officiating Principal



Satyawati College

[University of Delhi]

Ashok Vihar, Phase-III, Delhi-110052

Phone No.011-27133520, Website: www.satyawati.du.ac.in

Advertisement No. SC/PA-21/2024-25

Application for the post of Allopathic Doctor in the College Under Category _____
(SC/ST/OBC/PwD/EWS/GEN).

1. Name (In Capital Letter): _____

2. Parent/Husband's Name: _____

3. Gender: Male/Female/Other: _____ D.O.B. (DD/MM/YYYY) _____

4. Email ID: _____ Mobile Number: _____

5. Residential Address: _____

City: _____ State: _____ Pin Code: _____

6. Permanent Address: _____

City: _____ State: _____ Pin Code: _____

7. ACADEMIC QUALIFICATIONS:

UG-Examination	Name of the University	% of Marks	Year of Passing
PG-Examination	Name of the University	% of Marks	Year of Passing
M.PHIL.	Name of the University	% of Marks	Year of Passing
PH.D	Name of the University	Topic	Year of Passing
Any Other	Name of the University	% of Marks	Year of Passing

8. EXPERIENCE:

Name of the Institution	Permanent/Temporary/Ad-hoc/Guest	From	To

Total Experience: Year..... Months..... Days.....

9. RESEARCH EXPERINECE:

YEAR	Months	Days

10. Publication, If any: _____

11. Any other information : _____

Declaration:

I certify that the information given above is correct and factual to the best of my knowledge and belief.
 I understand that my application shall be summarily rejected if any of the above stated information is found incorrect/false and penal action as applicable under the law shall be carried out against me.

Place:

Date:

(Signature of Candidate)