

THE GANDHIGRAM RURAL INSTITUTE

(Deemed to be University)

GANDHIGRAM - 624 302 :: DINDIGUL DISTRICT :: TAMIL NADU

Ministry of Education (Shiksha Mantralaya), Govt. of India Accredited by NAAC with 'A++' Grade (4th Cycle)

Walk-in-Interview Notification for Engaging of Guest/Part Time Teachers

Date: 05.01.2026 Time: 10.30. a.m

Venue: Indira Gandhi Block

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.

School / Department / Centre	Qualification			
Department of Chemistry	Essential: M.Sc. (with 55% marks and 50% for SC/ST) in			
	Chemistry Desirable with M.Phil./Ph.D./NET/SLET.			



THE GANDHIGRAM RURAL INSTITUTE

(Deemed to be University)
GANDHIGRAM - 624 302 :: DINDIGUL DISTRICT :: TAMIL NADU
Ministry of Education, Govt. of India
Accredited by NAAC with 'A++' Grade (4th Cycle)

Application Proforma for the engaging of

	Guest/Part-Tin		
Nam	e of the Post applied :		Photo
Scho	ol/Department/Centre:		
1.	Name of the Candidate		
2.	Gender	Male Female Transgender	
3.	Community	SC ST OBC UR	
4.	Date of Birth	DD / MM / YYYY Age (as on 01-0)7-2025)
5.	Address for Communication		
		Pin Code:	
	Cell No:		
	E-mail:		
	PAN		
	Aadhar No. (copy to be enclosed)		
6.	Educational Qualification:		
	Graduation		(%)
	(Name of the Degree with Major)		(
	Post Graduation (Name of the Degree with subject)		(%)
	M.Phil. (Specialization/Branch & Year) with subject		(%)
	Ph.D. (Specialization/Branch & Year)		
	Post-Doctoral experience (indicate period & the Institution)		
	NET with JRF /NET/SLET / SET/ICAR (Reg. No. & Year)		

.7.	Details of Teaching Experience							
	Name of the post held	Name of the University /	Period of service(s)					
	neid	Institute / Organisation	From	То	Total			
	i)							
	ii)							
	iii)							
	Total		Years: Months:					
8.	Research contributions made*							
	a) Total no. of research articles in UGC CARE listed journals / SCI journals							
	b) No. of books authored							
	c) No. of chapters in books authored							
	d) No. of presentations in the International conferences							
	e) No. of presentations in the National conferences							
	f) Details of patents (if any)							
	g) h-index							
	h) Total no. of citat	ions						
9.	Awards / Honors re	eceived (if any)						
k Sca	inned copies of the pro	oofs may be attached wherev	er necessary.					
			Sign	ature of the Can	didate			
Spec	ific Remarks of the	Dean / Head / Director :						
		EOD OFFICE HO						
The o	ualification and specia	FOR OFFICE USI		re is verified with	the			
origin		nd correct. He / She is eligible		erview.	the			
l		2.		3.				
Nam	e & Signature)	(Name & Signat	ure)	(Name & S	Signature)			