



SCHOOL OF LIBRARY & INFORMATION SCIENCE DEVI AHILYA VISHWAVIDYALAYA, INDORE

Takshshila Campus, Khandwa Road, Indore (M.P.) India – 452 001
Phone No.: 0731-2764315 E-Mail: solis.davv@gmail.com

No./SOLIS/2025/16

Date: 07.07.2025

VISITING FACULTY REQUIREMENT NOTICE

Applications are invited for Visiting Faculty Position, to teach in School of Library and Information Science (UTD), Devi Ahilya University, Indore.

The minimum qualification required as per the relevant statutory norms. Honorarium Payment will be made as per DAVV norms.

Eligible Interested candidates may submit their Bio-data in the prescribed format with required documents in mailed at solis.davv@gmail.com or person/by post at the School of Library and Information Science (UTD), Central Library Building, Takshshila Campus, Khandwa Road, Indore (M.P.) 452017 on or before **22 July 2025**.

The selected visiting faculty will be paid remuneration as per University Rules.

The date of Interview will be on 24 July 2025 at 11:30 AM Candidates have to report for the interview with their all original documents.

Note :- The pervious visiting faculty also needs to apply.

Head

School of Library and Information Science

Application Form for the Post Visiting Faculty

Name of the post for which applied: **Visiting Faculty in School of Library and Information Science**

1. Name of Applicant : _____

2. Father's Name : _____

3. Mother's Name : _____

4. Permanent /Present Address with pin code : _____

5. Mobile No. : _____ E-mail Address : _____

6. Educational Qualification (Academic & Professional) :

Sr. No.	Exam Passed	Year of Passing	Course Duration	Subjects	University/ Board	Division	Percentage/ Grade
1	10 th						
2	12 th						
3	Graduation						
4	Post Graduation						
5	B.L.I.S.						
6	M.L.L.S.						
7	M.Phil./Ph.D. in Library Science						
8	UGC-NET/ MPPSC-SET						

Recent
Self Attested
Passport Size
Photograph

9	Any Other						
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7. Details of Previous Employment/Experience:
(Starting with current employment)

Sr. No.	Name & address of employer	Whether Govt./Semi Govt./Pvt. Ltd./Pvt.etc.	From (Date)	To (Date)	Designation	Nature of duties performed
1						
2						
3						
4						

Note :- Self attested copies of all mentioned documents and 02 passport size photos, aadhar & PEN card and bank passbook.

DECLARATION

I hereby declare that all the statements made by me in this application are true and correct to the best of my knowledge and belief. I further understand that in the event of any information furnished by me is found false or incorrect, my candidature as visiting faculty is liable to be terminated without any prior notice. It is a stop gap arrangement on need basis without any legal right for continuation and I shall not demand any appointment letter. It is further certified that no criminal case is pending against me in any court of law. I shall also abide by the rules laid from time to time by the Institution/Govt and if due to any reason I have to resign, I will give at least 15 days notice so another arrangement can be made for the benefits of students.

(Signature of Candidate)

Place: _____

Date: _____