

(University of Delhi)

C-4, Dada Satram Mamtani Marg, Janakpuri, New Delhi, Delhi, 110058 Website: https://www.bharaticollege.du.ac.in

Dated: 1.1.2025

## Walk-in-interview for the Post of Research Assistant

Walk-in-interview will be held on 08.01.25 (Wednesday) at 2:00 PM, in the Committee Room of the Bharati College, University of Delhi for the post of Research Assistant on a purely Contract basis. for the major research project on "Traditional Food Crops and Minor Grain Crops in Indigenous Communities: Pathways to Socio-Economic Prosperity through Sustainable Development in Northeast Region of India" under the special call for Vision Viksit Bharat@2047 sponsored by ICSSR, under the directorship of Prof (Dr) Mala Rani, Bharati College, University of Delhi.

| Name of the Post | No. of Post | Eligibility*                             | Emoluments *      |
|------------------|-------------|--|-------------------|
| Research         | 01          | Post graduate/ M.Phil / Ph. D. in Social | Rs.37, 000/- p.m. |
| Assistant**      |             | Science discipline (55% minimum)         |                   |

<sup>\*</sup>As per ICSSR norms

Candidates must bring the filled enclosed form and all relevant documents related to their educational qualification and work experience on the day of interview.

## Terms and Conditions-

- 1. The posts are to be filled purely on a temporary basis.
- 2. No TA/DA will be paid for attending the interviews.
- 3. No benefit of Provident fund, leave travel concession or medical claim will be paid since the post is temporary basis.
- 4. The appointment is terminable within 24 hours from either side without assigning any reason.
- 5. The selected candidate will not have any claim for regular appointments or continuation of their services in any other project.
- 6. Reporting Time: 1:30 pm to 2:00 pm.

Prof (Dr.) Mala Rani Project Coordinator

BHARTI COLLEGE University of Delhi

Email: mala.rani@bharati.du.ac.in

Prof (Dr.) Saloni Gupta

Principal

**BHARTI COLLEGE** 

University

of

Delhi

<sup>\*\*</sup>Preferably from Social work/Sociology discipline



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Application form for the Post of Research Assistant on Contract Basis

Affix recent photograph here With signature (3.5cm X 4.5 cm)

|     | Father's/ Husband's Name              | 1.)                     |
|-----|---------------------------------------|-------------------------|
|     | (Please (✓) tick whichever is applica |                         |
| •   | Mother's Name                         | MM YYYY                 |
| •   | Date of Birth                         | DD NIN                  |
| 5.  | Gender                                | Male Female Other       |
|     | Marital Status                        | Married Unmarried Other |
| 6.  | Nationality                           | UR OBC SC ST PH         |
| 7.  | Category                              | UR OBC SC ST PH         |
| 8.  | Present Post held/Name of the         | ffice                   |
| 9.  | Date of Appointment in the Prese      | t Post                  |
| 10. | Present Pay                           |                         |
| 11. | Communication Address                 | Village/Sector-         |
|     | House No                              |                         |
|     | City-                                 | District-               |
|     | State-                                | Pin Code-               |
|     | Mobile No                             |                         |
|     | Email Address-                        | Aadhar<br>Number        |

|  | City-                        | ]                    |               |                    | Distric            | et-                |                     |              |                          |                  |                          |   |
|--|------------------------------|----------------------|---------------|--------------------|--------------------|--------------------|---------------------|--------------|--------------------------|------------------|--------------------------|---|
|  | State:                       |                      |               |                    |                    | Pin Co             | ode:                |              |                          |                  |                          |   |
| Edu  | cational Qualifi             | ications (           | encl          | ose se             | lf-attest          | ed copies          | of Mark             | s-She        | et ar                    | d C              | ertificates e            | tc.)  |
| S.<br>No.  | Examination(s) Board/ Passed |                      |               | ard/ Ur            | niversity          | /                  | Year of<br>Passing  |              |                          | J                |                          |   |
| 1.   |                              |                      |               |                    |                    |                    |                     |              |                          |                  |                          |   |
| 2.   |                              |                      |               |                    |                    |                    |                     |              |                          |                  |                          |   |
| 3.   |                              |                      |               |                    |                    |                    |                     |              |                          |                  |                          |   |
| 4.   |                              |                      |               |                    |                    |                    |                     |              |                          |                  |                          |   |
| Wor  | k Experience                 |                      |               |                    |                    |                    |                     |              |                          |                  |                          |   |
| S.   | Name of Post h               |                      |               | From               | То                 |                    | Experience          |              |                          | Nature of Duties |                          | Whether                                     |
| No.  | organization<br>with address | & P<br>Scale         | ay            |                    |                    | No. of<br>Years    | Month<br>s          | Tota         | 1                        |                  | ch<br>crience<br>ficate) | regular/ ad-hoc/<br>full time/ part<br>time |
| 1.   |                              |                      |               |                    |                    |                    |                     |              |                          |                  |                          |   |
| 2.   |                              |                      |               |                    |                    |                    |                     |              |                          |                  |                          |   |
| Details of Professional/ Technical Educational Qualification  Languages Known  Declaration  I hereby declare that I fulfil the eligibility conditions as per the advertisement and that all the statements made in this application are true, complete and correct to the best of my knowledge |                              |                      |               |                    |                    |                    |                     |              |                          |                  |                          |   |
| and<br>any   | l belief. I und              | erstand<br>satisfyir | that<br>ig th | t in th<br>ie elig | ie even<br>ibility | t of any condition | informa<br>ns accor | tion<br>ding | bein<br>to tl            | g fo             | ound false<br>equiremen  | or incorrect at t mentioned in              |
| I have enclosed the required self-attested copies of the certificate.  |                              |                      |               |                    |                    |                    |                     |              |                          |                  |                          |   |
| P  | Place                        |                      |               |                    |                    |                    |                     |              | (Signature of Candidate) |                  |                          |   |
|  | Date                         |                      |               |                    |                    |                    |                     |              |                          |                  |                          |   |
| IN   | lame                         |                      | -             |                    |                    |                    |                     |              |                          |                  |                          |   |

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