



V J T I
Veermata Jijabai Technological Institute
(Central Technological Institute, Maharashtra State, INDIA)
H. R. Mahajani Marg, Matunga, Mumbai 400019
Tel.No. +91 22 24198101-02 Fax: +91 22 24102874
www.vjti.ac.in

No. DIR/Dean Admin/EST/3376/2022

Date: 20/9/2022

21 SEP 2022

ADVERTISEMENT

WALK-IN INTERVIEWS FOR TEMPORARY/ VISITING FACULTY

Walk-in interviews will be conducted for the appointments of Temporary/ Visiting Faculty at VJTI for Degree/Diploma streams. The appointment of the Temporary/Visiting faculty shall be for 3 months which may be extended as per the requirement and satisfactory performance. The qualifications and honorarium are as follows:

S. no.	Qualifications	Honorarium per month (Rs.)
1	B.Tech (for Diploma if no M. Tech candidate is available)	25,000/-
2	M.A. /M. Sc	30,000/-
3	M. E. / M. Tech.	45000/-
4	Ph.D.	55,000/-

- Walk-in interviews will be conducted on scheduled dates, 10 am onwards.
- Reporting Venue: Respective Departments, VJTI, Matunga, Mumbai
- Temporary faculty on the job at VJTI can also attend the interview.
- Candidates must bring all original certificates at the time of the interview.
- Attested photocopies of the relevant documents indicating age, qualifications, category, experience etc.
- Candidate having age above 59 are not eligible to apply.
- Reservation Policy of the Government of Maharashtra shall be applicable for the selection process.

Sr. No	Date of Interview	Department	
1.	27/9/2022	Mathematics Department	Chemical Engineering Department


DIRECTOR

APPLICATION FORM
(Submit in duplicate)

Programme	:	Degree/ PG/Diploma/ MCA (TICK \surd any one) <i>(Separate form for each course/ programme/post to be filled)</i>	Photograph
Post Applied for	:	Temporary/ Visiting Faculty	
Department applied for	:		
Course/ Programme	:		

1	Name of the Applicant	:	
2	Father's Name	:	
3	Date of Birth (dd/mm/yyyy)	:	
4	Category (Mention category)	:	
5	Address for Correspondence	:	
6	Mobile No.:		E-Mail ID:

7	Educational Qualifications					
Sl. No.	Qualification (Highest to Lowest)	Specialization	Name of the University/ Institute	Year of Passing	% of Marks/ CGPA	Class/ Division
(i)						
(ii)						
(iii)						
(iv)						

8	Teaching Experience				
S. No.	Post held	Name of the Institute	From	To	Total Months
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

9 Research Experience					
S. No.	Post held	Name of the Institute	From	To	Total Months
1.					
2.					
3.					
4.					
5.					

10 Industry Experience					
S. No.	Post held	Name of the Institute	From	To	Total Months
1.					
2.					
3.					
4.					
5.					

11 Publications (Nos.)		
1.	International Journals	
2.	National Journals	
3.	International Conferences	

DECLARATION/ UNDERTAKING

I hereby declare that all information furnished in this application form is true, complete and correct to the best of my knowledge and belief. I understand that my services will be terminated immediately if it is found that false information is given by me or in case of any misconduct. I also understand that the Temporary/ Visiting faculty, for which I am applying, is of tenure of 6 months/ 11 months and I shall have no claims thereafter for an extension.

Date:

Place:

Signature of the Candidate