



पी.जी.डी.ए.वी. महाविद्यालय  
(दिल्ली विश्वविद्यालय)

**P.G.D.A.V. COLLEGE**  
(University of Delhi)

Nehru Nagar, Ring Road, New Delhi - 110065

Website : [www.pgdavcollege.in](http://www.pgdavcollege.in)

Email : [principal@pgdav.du.ac.in](mailto:principal@pgdav.du.ac.in); Tel: +91-11-29832092



Ref. No. DAV-PO-80/2026

Dated 17.04.2026

APPLICATION FOR THE POST OF PART-TIME VISITING DOCTOR

Applications are invited in the prescribed Application form (attached below) from eligible candidates for the appointment of Part-time visiting Doctor for students and staff.

Essential Qualification: As per University of Delhi Rules and Regulation

Consolidated remuneration: Rs. 45,000/- p.m.

The interested candidates may send their application form along with CV and certificates (All in one pdf) at [principal@pgdav.du.ac.in](mailto:principal@pgdav.du.ac.in) latest by 24.04.2026

Any addendum/corrigendum shall be posted only on the college website

*Darvinder Kumar*

प्रो. दरविंदर कुमार / Prof. Darvinder Kumar  
प्राचार्य / Principal  
पी.जी.डी.ए.वी. महाविद्यालय / P.G.D.A.V. College  
(दिल्ली विश्वविद्यालय) / (University of Delhi)  
नेहरू नगर / Nehru Nagar  
नई दिल्ली-११००६५ / New Delhi-110065





# P.G.D.A.V. College

[University of Delhi]

Nehru Nagar, Ring Road, New Delhi-110065

Phone No.011-29832092, Website: www.pgдавcollege.in

**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:

MBBS	Name of the University	% of Marks	Year of Passing
PG-Level	Name of the University	% of Marks	Year of Passing
M.D.	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)**