

ONLINE APPLICATION FORM FOR FACULTY POSITION

A. PERSONAL DETAILS

1. Post applied for: _____ Area: _____
2. Name in Full: _____
3. Date of Birth: _____ (DD/MM/YYYY) Age as on 14.10.2015 : _____ years
4. Gender: _____
5. Marital Status: _____
6. Nationality _____
7. Category (SC/ST/OBC/General) _____
8. Belongs to PWD Category? _____
8. Father's Name/Husband's Name: _____

B. FULL ADDRESS FOR CORRESPONDENCE:

1. _____
2. Pin Code _____ 3. State _____
4. Phone No: _____ 5. Mobile No: _____
6. Email Address _____

C. POSITION APPLIED FOR:

1. Position Applied for: _____
2. Area: _____ Specialization _____
3. Did you apply for any post in this Institute: _____
4. If yes, please provide details _____

D. ACADEMIC DETAILS

Doctoral Details:

Degree: (PhD, FPM etc) _____

Institute/University _____

Topic: _____

Faculty Advisor/Supervisor: _____

Registration Date: _____ (DD/MM/YYYY)

Submission Date: _____ (DD/MM/YYYY) (expected date, if not yet submitted)

Date of Award of Degree: _____

(Research Experience excludes the experience gained while pursuing PhD)

E. EDUCATIONAL QUALIFICATION*

	DEGREE	YEAR	INSTITUTE/ UNIVERSITY	SPECIALISATION	DIVISION/ GRADES
PG					
PG (Additional)					
UG					
UG (Additional)					
XII					
X					
Others (if any)					
Others (if any)					

*Please indicate your position in University/Board Merit List if any

F. SCHOLARSHIP, HONORS & AWARDS (Brief Details)

G. TEACHING EXPERIENCE

Institute / Univ.	Designation	From	To	Area/Subjects

H. INDUSTRY EXPERIENCE

Organization	Research Projects	From	To

J. PUBLICATION IN JOURNAL

Journal	Year	Title of the paper	Co-author	Vol	No.

K. PRESENTATION IN CONFERENCE

Conference Name	Organized by	Paper Title	Year

L. BOOK AUTHOR/EDITED

Name of the Book	Co-Author	Publisher	Year of Publication

M. FPM/PhD SUPERVISION

Name of the Scholar	Year of Regn/Year of Awarding Degree	Topic of Research	University/Institute	Co Supervisors

N. RESEARCH PROJECTS UNDERTAKEN

Name of the Research Project	Co - Investigator	Funding Agency/Amount	Year	Status

O. MDP/CONSULTANCY/WORKSHOPS AND SEMINARS CONDUCTED

Title of the Programme	Organization / Place	Year	Duration

P. EXPERIENCE OF ADMINISTRATIVE RESPONSIBILITIES;

From	To	Position Held	Organization	Functions/Responsibilities

Q. ANY OTHER RELEVANT INFORMATION THAT YOU MAY LIKE TO ADD

R. NAME AND ADDRESS OF REFEREES

Name of the Referee	Affiliation	Address	E-Mail	Phone

Declaration:

I hereby declare that the above information given by me is correct and complete to the best of my knowledge and no information has been distorted. If it is revealed that I have concealed or distorted any information my application may be terminated without any notice.

Date: _____

Name: _____

Place: _____

Email : _____