

APPLICATION FORM FOR FACULTY POSITION

(NOTE: Please read carefully the **Steps to Fill and Submit the Application Form** as given at Point no. 21 under Important Instructions of the Rolling Advertisement)

A. PERSONAL DETAILS

1. Post applied for: _____ Area: _____
2. Name in Full: _____
3. Date of Birth _____ (DD/MM/YYYY) Age : _____ years 4. Gender: _____
5. Marital Status: _____ 6. Nationality _____ 7. 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: (1) _____ (2) _____
6. Email Address (1) _____ (2) _____

C. ACADEMIC DETAILS:

Ph.D / FPM	Year	Institute/University	Topic	Registration date	Award of Degree

	Degree	Year	Institute/University	Specialization	Div. / Grade
Post Graduation					
Graduation					
XII					
X					
Others (if any)					
Others (if any)					

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

D. TEACHING EXPERIENCE

Institute / Univ.	Designation	From	To	No. of Months	Area/Subjects	AGP (Rs.)/ Pay Scale

E. INDUSTRY EXPERIENCE

Organization	Designation	From	To	No. of Months	Remuneration (Rs/per month)

F. PUBLICATION IN JOURNAL (Please mention details of 10 best publications)

Journal	Year	Title of the paper	Co-author (if any)	Vol.	Page No.	Category of Journal (ABDC)	No. of Citations (Scopus/Web of Science/ICI)

G. RESEARCH PROJECTS UNDERTAKEN

Name of the Research Project	Co – Investigator	Funding Agency	Amount	From (Date)	To (Date)

H. BOOKS AUTHOR/EDITED

Name of the Book	Co-Author	Publisher	Year of Publication

I. FPM / Ph.D. SUPERVISION

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

J. CONSULTANCY ASSIGNMENTS UNDERTAKEN

Name of the Consultancy assignment	Organization	Year	Status

K. MDP / WORKSHOPS AND SEMINARS CONDUCTED

Title of the Programme	Organization / Place	Year	Duration

L. SCHOLARSHIP, HONORS & AWARDS (Brief Details)

M. EXPERIENCE OF ADMINISTRATIVE RESPONSIBILITIES;

From	To	Position Held	Organization	Functions/Responsibilities

N. NAME AND ADDRESS OF REFEREES

Name of the Referee	Affiliation	Address	E-Mail	Contact No.

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 rejected without any notice.

Date: _____

Name: _____

Place: _____

IMPORTANT NOTE:

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