



APPLICATION FORM FOR FACULTY POSITION

Post Applied for:	Department:
Name	
Father's Name/Husband's Name	
Date of birth & Age	
Community	
Religion	
Nationality	
Aadhar No	
Mother Tongue	
Marital Status	
Children	
Present Address	
Address for Communication	
Phone (Landline)	
Mobile	
E-mail	

ACADEMIC QUALIFICATION							
Degree/ Diploma	Specialization	Class	% of Marks	Cleared all the papers in single attempt (Say Yes / No)	Name of the Institution	University	Month & Year of Passing

TEACHING EXPERIENCE								
Sl.No.	Name of the post held	Name of the Employer / Institution	Period of Employment				Salary(Rs)	Reason for leaving
			From Date	To Date	Years	Months		

ACADEMIC / ADDITIONAL RESPONSIBILITIES HELD				
S.No	Responsibility	Institution	Duration	Remarks

INDUSTRY EXPERIENCE				
Organization	Designation	From	To	No.of Years

RESEARCH EXPERIENCE AS A SUPERVISOR				
Year	M.Phil.		Ph.D.	

APPROVALS AND RECOGNITIONS	
Approval / Recognition	Approval No. and Date

RESEARCH PUBLICATIONS IN JOURNALS					
Journal	Year	Title of the Paper	Volume	Page No	Indexed in Scopus/WOS/UGC /Others

GRANTS RECEIVED					
S.No	Title	Funding Agency	Period	Amount	Status

BOOKS AUTHORED			
Name of the Book	Co-author	Publisher	Year of Publication

NAME AND ADDRESS OF REFEREES			
Name of the Referee	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 :

SIGNATURE