



**For the post of Assistant Professor**

Reference: Advertisement in \_\_\_\_\_ appeared on \_\_\_\_\_

|                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                               |                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| <b>Full Name:</b><br><b>(As per Aadhaar)</b>                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                               | <b>Latest Passport size<br/>Photograph</b> |
| <b>Father / Husband Name:</b>                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                               |                                            |
| <b>Gender :</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender                                                                                                            |                                                                                                                                                                                                                                                                                                                                                               |                                            |
| <b>Aadhaar Number :</b>                                                                                                                                                                                                       | <b>PAN Number:</b>                                                                                                                                                                                                                                                                                                                                            |                                            |
| <b>Blood Group:</b> <b>Disability:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                               |                                            |
| <b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Un-Married<br>If married, <b>Spouse:</b> <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed<br><b>Number of Children:</b> |                                                                                                                                                                                                                                                                                                                                                               |                                            |
| <b>Age:</b>                                                                                                                                                                                                                   | <b>Date of Birth:</b>                                                                                                                                                                                                                                                                                                                                         |                                            |
| <b>Religion:</b>                                                                                                                                                                                                              | <b>Caste:</b>                                                                                                                                                                                                                                                                                                                                                 | <b>Domicile State:</b>                     |
| <b>Nationality:</b>                                                                                                                                                                                                           | <b>Community:</b> <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> DT(A) <input type="checkbox"/> NT(B) <input type="checkbox"/> NT(C) ) <input type="checkbox"/> NT(D) <input type="checkbox"/> OBC<br><input type="checkbox"/> SBC <input type="checkbox"/> SEBC <input type="checkbox"/> EWS <input type="checkbox"/> OPEN |                                            |
| <b>Languages Known:</b>                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                               |                                            |

|                       |                  |
|-----------------------|------------------|
| <b>Correspondence</b> | <b>Permanent</b> |
|                       |                  |
| <b>Mobile/Tel:</b>    | <b>Email ID:</b> |

## 2. ACADEMIC QUALIFICATIONS:

[illegible]

### 3. EXPERIENCE DETAILS:

**i. Teaching (in Engineering Colleges only) – in chronological order**

| Sr. No. | Designation | Institution               | Experience |    |              |
|---------|-------------|---------------------------|------------|----|--------------|
|         |             |                           | From       | To | No. of Years |
| 1       |             |                           |            |    |              |
| 2       |             |                           |            |    |              |
| 3       |             |                           |            |    |              |
| 4       |             |                           |            |    |              |
| 5       |             |                           |            |    |              |
|         |             | TOTAL TEACHING EXPERIENCE |            |    |              |

## ii. Courses Taught

[illegible]

## iii. Thesis (MTech / ME / PhD) Supervision (at all the organizations that you have worked with)

| Sr. No. | Name of Students | Year of completion | Title of Thesis | Co-guides (if any) |
|---------|------------------|--------------------|-----------------|--------------------|
| 1       |                  |                    |                 |                    |
| 2       |                  |                    |                 |                    |
| 3       |                  |                    |                 |                    |

## iv. Others (Industry, Research, Teaching in Non-Engg. College/Polytechnic etc.) – in chronological order

| Sr. No.                   | Designation | Institution/Organization | Experience |    |              |
|---------------------------|-------------|--------------------------|------------|----|--------------|
|                           |             |                          | From       | To | No. of Years |
| 1                         |             |                          |            |    |              |
| 2                         |             |                          |            |    |              |
| 3                         |             |                          |            |    |              |
| TOTAL TEACHING EXPERIENCE |             |                          |            |    |              |

#### 4. PUBLICATIONS:

[illegible]

(Attach the Xerox copies of the publications)

## 5. SEMINARS / CONFERENCES:

[illegible]

## 6. OTHER INFORMATION:

|                                                                  |                                                          |
|------------------------------------------------------------------|----------------------------------------------------------|
| Undertaken any Sponsored Research Projects Independently         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, provide project and its funding agencies details         |                                                          |
| Valid Membership in Professional bodies and its Grade            | 1.<br>2.<br>3.<br>4.                                     |
| Awards & Achievements (if any)                                   |                                                          |
| Any Other Details ( <i>Attach additional sheet, if needed</i> ): |                                                          |

|                                                                               |                 |
|-------------------------------------------------------------------------------|-----------------|
| Scale of Pay:                                                                 | .....           |
| Consolidated / Basic Pay:                                                     | Rs..... / month |
| Last Salary Drawn (Gross):                                                    | Rs...../ month  |
| Expected Basic Pay / Gross Salary:                                            |                 |
| Duration (in weeks) required for joining the Institute, in case of selection: |                 |

## 7. REFERENCES:

| Sr. No. | Name | Designation | Organization | Contact Number |
|---------|------|-------------|--------------|----------------|
| 1       |      |             |              |                |
| 2       |      |             |              |                |

I declare that the above particulars furnished by me are true to the best of my knowledge.

Place:

SIGNATURE

Date:

NAME: .....

**Note: Attach photocopies of relevant certificates / documents wherever necessary.**