



Indian Institute of Social Welfare and Business Management

Application Form for Appointment (Application should be routed through proper channel)

Self attested recent
passport size
photograph of the
applicant

To
The Director
IISWBM
Management House
College Square West, Kolkata – 700073.

(a) Name of the Department _____

(b) Post applied for _____

(c) Specialization, if any _____

With reference to your Advertisement No. _____ dated _____ for the above mentioned post, for which the last date of submission of application is _____, I present myself as an applicant for the same. My bio-data and other relevant particulars are attached along with filled in Academic/Research Score as desired.

Yours faithfully,

Dated _____, 20_____

(Signature of the Applicant)

Name :

Place : _____

BIODATA

1. Name (in block letters) _____
2. (a) Present Position _____
(b) Present Employer (if any) _____
3. (a) Address for communication (in block letters) _____

(b) Permanent Address _____

(c) Phone: (Landline) _____ (Mobile) _____
(d) email Id _____

11. Whether Qualified at NET/SLET/SET _____
 (mention the year in which qualified and submit documents)

12. Research Degree Awarded (Ph.D/D.Sc/D.Litt etc.) _____

(a) Name of the Department & University _____

(b) Title of Thesis _____

(c) Date of Research Degree Awarded _____

13. (a) Post-Doctoral Research Experience (if any):

Sl.No.	Category	Topic	Place	Period

(b) Research Project

Sl.No.	Title	Funding Agency	Period	Amount

(c) Consultancy:

Sl.No.	Title	Funding Agency	Period	Amount

14. Publications: (a) Number of papers in peer-reviewed or UGC listed Journals _____

(b) Number of published Books/Monograph etc. _____

(c) Number of Conference Papers etc. _____

attached. [(i) A list of publications with the names of all authors, ISBN/ISSN No, with impact factor must be

attached.]] (ii) Copies of not more than ten publications which are most important in your opinion must be

15. Details of Employment in chronological order (Gaps, if any, should be explained)

Slno.	Employer	Post Held	From	To	Scale of Pay and pay drawn	Remarks, if any, indicating reason for leaving any post.

16. Teaching Experience

Sno.	Level		Degree	College/University/Institute	Duration	Total
1.	Under Graduate	Pass				
		Hons.				
		Others				
2.	Post Graduate					
3.	Any other					

17. Administrative/Professional Experience (State briefly the nature of work with No. of years)

Sno.	University/Institute/Organization	Post Held	Nature of Work	Duration

18. Present pay and Allowances

Scale of pay	Basic Pay	Allowances	Gross amount drawn

19. If selected, time required to join _____

20. Particulars of extracurricular activities, if any _____

21. Any other information that may be considered _____

22. (a) Have you ever been dismissed/removed/asked to retire from services :

Yes	No
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(b) If yes, give details _____

23. Give the names of not more than two referees (**with designation, full address, Phone No., e-mail id.**)

(a)

(b)

I certify that the above statements are true to the best of my knowledge and belief.

I accept that in case any information is found to be incorrect or in case there is any suppression of facts, this application is liable to be rejected.

Signature of the Applicant

Date :

Place :

N.B, (a) Self attested copies of all documents and testimonials are to be enclosed with the application.

(b) Attach extra sheet/sheets whenever necessary.