

Basic Pay Rs.

--	--	--	--	--	--	--	--

 Total Emoluments (per month) Rs.

--	--	--	--	--	--	--	--

9. If selected, (a) Time required before Joining :

(b) Monthly Remuneration expected at IISWBM Rs.

--	--	--	--	--	--	--	--

10 Indicate category to which you belong by marking “√” in the appropriate box

GEN	SC	ST	OBC

11. Areas of specialization:

12. Current areas of research:

13. Whether Qualified UGC-NET/SLET/All India Level Test Yes No
 If Yes Provide details with documents

14. Academic Record starting with class 10th std

Sl.No.	Degree	College/University/Institute	Year of Joining	Year of Leaving	Percentage of Marks

Title of Ph.D. Thesis:

15. Employment Particulars till date:

Sl.No.	Name of the Employer	No. of years served	Period		Designation	Last Scale of Pay / Remuneration
			From	To		

16. Professional Training Received

Sl.No.	Training	Organization	Duration	
			From	To

17. Membership of Professional Bodies

Sl.No.	Name of the Professional Body	Status of Membership: Life/Annual

18. Important Conferences/Seminars attended

Sl.No.	Conferences/Seminars attended	Title of paper read (if any)	Year	Venue

19. Please provide the following information:

a) TEACHING EXPERIENCE:

Serial No.	Title of course taught	Postgraduate or Undergraduate	Sole instructor or with others	Year

Total years of Post Graduate Teaching Experience :

Indicate any special work done towards developing new courses or laboratories:

b) DOCTORAL THESIS SUPERVISION:

Sl. No.	Name of the Student/ Research Scholar	Title of thesis	Awarded / Submitted	Year of completion	Co-guide(s) if any

c) Administrative Experience

No	Designation with Scale of Pay	Organization	Nature of Responsibility	Duration			Whether Overlapping with Teaching/Research Experience, If any
				Y	M	D	

d) SPONSORED PROJECTS UNDERTAKEN:

Sl.No.	Sponsoring Agency	Title of project	Amount of grant mobilized(in Rs. Lakh)	Period	Co-investigators (if any)

e) CONSULTANCY WORK DONE:

Sl.No.	Organisation	Title of Project	Amount of grant mobilized (in Rs. Lakh)	Period	Co-investigators (if any)

f) INDUSTRIAL EXPERIENCE:

Sl.No.	Organization	Nature of work	Period

g) ONLINE EDUCATION PROGRAMMES CONDUCTED:

Sl.No.	Details

h) LIST OF PUBLICATIONS:List of *PUBLISHED* and *ACCEPTED* papers.**I) PAPERS IN REFEREED JOURNALS**

Sl. No.	Name of Authors (in order they appear in publication)	Title of the paper	Name of the Journal with Month & Year of publication, Vol. Issue and Page No.s	ISSN No.	Whether Available in Web of Science / Scopus (link mandatory)

II) CONFERENCES/SEMINARS/WORKSHOP ATTACHED/ PUBLISHED:

Sl.No	Conferences/Seminars / Workshop attended	Title of paper read (if any)	Details of Proceedings if Published	Date and Venue

III) PUBLISHED BOOKS / BOOK CHAPTERS:

Sl. No	Name of Authors (in order they appear in publication)	Title of Book Chapter with page no	Title of the Book with Name of Editor(s)	ISBN	Level of Publisher

IV) Patent / Technology transfer / Product /Process –

Sl. No.	Details of the Patent /Technology transfer /Product/ Process	Date of acceptance with year	National / International	Whether Output belongs to the applicant individually or in group (Name all participants)

V) Policy document prepared

Sl. No.	Title of Policy document prepared	Name of the body for which documents prepared	Date of acceptance of the documents by Funding Organization	Level of Organization	Whether Document prepared by the applicant individually or in group (Name all participants)

i) SHORT TERM COURSES/WORKSHOPS/SEMINARS ETC. ORGANIZED :

Sl.No.	Particulars

j) FELLOWSHIP/AWARDS AND RECOGNITION :

Sl.No.	Particulars

k) OTHER ACADEMIC AND CORPORATE ACTIVITIES :

Sl.No.	Activity Details

I) ANY OTHER RELEVANT INFORMATION YOU MAY LIKE TO FURNISH :

20. Names and addresses of three Referees (at least one of them should be familiar with your recent work)

Name			
Occupation or Position			
Address			
Phone No.			
Email ID			

21. Statement of Objectives

a. Please indicate as to why you wish to join IISWBM
b. How in your opinion do you meet the job requirements as advertised?
c. A short paragraph about the research and development projects you would like to undertake at IISWBM

22. List of enclosures:

DECLARATION

I hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that if at any stage, it is found that any information given in this application is false / incorrect or that I do not satisfy the eligibility criteria according to the Institute, my candidature / appointment is liable to be cancelled / terminated. I have read and understood the stipulations given in the advertisement and hereby undertake to abide by them.

PLACE:

DATE

Signature of the Applicant: _____

Name of the Applicant: _____