

Total Emoluments (per month) Rs.

9. If selected, Time required before Joining :

10 Monthly Remuneration expected at IISWBM Rs.

11 Indicate category to which you belong by marking “√” in the appropriate box
 GEN SC ST OBC

12. Areas of specialization: _____

13. 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 (if Registered / Awarded):

14. Employment Particulars till date:

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

15. Professional Training Received

Sl.No.	Training	Organization	Duration	
			From	To

16. Membership of Professional Bodies

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

17. Important Conferences/Seminars attended

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

18. Please provide the following information:

a) F&A Experience

S No	Designation with Scale of Pay	Organization	Nature of Responsibility	Duration			Remarks, If any
				Y	M	D	

b) TEACHING / ADMINISTRATIVE EXPERIENCE, if any:

S No.	Organization	Nature of Responsibility	Duration	Remarks, If any

c) LIST OF PUBLICATIONS, if any:

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)

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

Sl.No.	Particulars

e) FELLOWSHIP/AWARDS AND RECOGNITION :

Sl.No.	Particulars

f) OTHER F&A AND ACADEMIC ACTIVITIES :

Sl.No.	Activity Details

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

19. 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			

20. 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 ?

21. 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: _____