

Indian Institute of Social Welfare and Business Management (IISWBM) Management House, College Square West, Kolkata 700073 The First Management Institute in India (Estd. 1953)

Ph.91-33-22413756, ; Fax: 91-33-2241 5792; Website: <u>www.iiswbm.edu</u>

Application for Sr Placement Officer

Adv Pos	ease type or write using BLOCK LETTERS) dvertisement No: ost applied for: ulltime / Part Time:										Please affix a recent passport size photograph														
1.	Name in full																								
Ma	rried		Sing	le					Ма	le				F	ema	le						(Ple	ease	tick	"√")
Whe	ther Physically	/ Chal	lenged	Yes			No			一 (Put	t√m	ark))												
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3.	Mother's Na	me																							
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	Fax																								
	Email																								
	Telephone	Offic	e:																						
		Res:																							
5.	Date of Birth	1:										6.	Age	e as	on (01.10).202	25 (in	yea	rs)					
				Day	Мо	onth		Ye	ar			7.			ality			Ì							
8.	Present emp	oloym	ent:																ļ			 			
	Designa	ation																							
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	Total Emoluments	(per month) Rs.				
•	•	SWBM Rs.				
Indicate category to box	which you belong I	oy marking "√'	' in the approp	oriate GEN	SC ST	OBC
as of specialization:						
Academic Record star	ting with class 10 th s	td				
Degree	С	ollege/Univers	ity/Institute			Percentage of Marks
Name of the				Designation	Lact S	
Employer	No. of years served	Per From	To	Designation		cale of Pay / uneration
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	Monthly Remune Indicate category to box as of specialization: Academic Record star Degree Ph.D. Thesis (if Registe aployment Particulars	Indicate category to which you belong to box as of specialization: Academic Record starting with class 10th s Degree C Ph.D. Thesis (if Registered / Awarded): apployment Particulars till date:	Monthly Remuneration expected at IISWBM Rs. Indicate category to which you belong by marking "√" box Is of specialization: Academic Record starting with class 10th std Degree College/University Ph.D. Thesis (if Registered / Awarded): Imployment Particulars till date:	Monthly Remuneration expected at IISWBM Rs. Indicate category to which you belong by marking "√" in the approphox In sof specialization: Academic Record starting with class 10th std Degree College/University/Institute Ph.D. Thesis (if Registered / Awarded): Inployment Particulars till date:	Monthly Remuneration expected at IISWBM Rs. Indicate category to which you belong by marking "√" in the appropriate box GEN Academic Record starting with class 10 th std Degree College/University/Institute Year Join Ph.D. Thesis (if Registered / Awarded): Inployment Particulars till date:	Monthly Remuneration expected at IISWBM Rs. Indicate category to which you belong by marking "\" in the appropriate GEN SC ST as of specialization: Academic Record starting with class 10th std Degree College/University/Institute Year of Joining Leaving Ph.D. Thesis (if Registered / Awarded): Imployment Particulars till date:

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

18. Please provide the following information:

a) Training & Placement 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

SI. 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)
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II) CONFERENCES/SEMINARS/WORKSHOP ATTACHED/ PUBLISHED:

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

IIII	PUBLISHED	BUUKS !	BOOK	CHADTEDS.
1111)	PUBLISHED	BUUNS	BUUN	CHAPTERS:

SI. 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 -

SI. 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

SI. 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:

SI.No.	Particulars

e) FELLOWSHIP/AWARDS AND RECOGNITION:

SI.No.	Particulars

f) OTHER ACADEMIC & CORPORATE ACTIVITIES:

SI.No.	Activity Details

g) ANY OTHER RELEVANT INFORMATIO	N YOU MAY LIKE TO FURNISH:	
19. Names and addresses of three Refe	erees (at least one of them should be familiar with	your recent work)
Name		
Occupation or Position		
Address		
Phone No.		
Email ID		
a. Please indicate as to why you wis b. How in your opinion do you meet	sh to join IISWBM the job requirements as advertised ?	
21. List of enclosures:		
	DECLARATION	
knowledge and belief. I understand false / incorrect or that I do not satisfy	ents made in this application are true, co that if at any stage, it is found that any y the eligibility criteria according to the Ins I have read and understood the stipula	information given in this application is stitute, my candidature / appointment is
PLACE:		
DATE	Signature of the Applicant:	
	Name of the Applicant:	