

Indian Institute of Technology Bhubaneswar

APPLICATION FOR FACULTY POSITIONS

(Please type or write in black ink)

ADVERTISEMENT NO.			REGISTRATION NUMBER*			Photograph
1. POST APPLIED FOR IN THE SPECIALIZATION						
2. NAME IN FULL (in block letters) MR./MRS./MISS/DR./PROF..... <div style="text-align: right;">SURNAME</div>						
3. PERSONAL DATA :						
Date of Birth			Place of Birth			Nationality (please specify)
Day	Month	Year	Town/ Village	District	State	Married <input type="checkbox"/> Single <input type="checkbox"/>
						Do you belong to Scheduled Caste / Tribe/ OBC** If yes, write SC/ST/OBC
Mailing Address Phone Fax :				Permanent Address PhoneFax:		
4. SALARY DETAILS of present (or last) position				Time required to Join if selected	Minimum basic Salary acceptable	
Scale of pay	Basic pay	Allowances	Total			
5. EDUCATIONAL QUALIFICATIONS :						
Degree/Examination	University/Institution	Year	Discipline	Division/ Class	% of Marks	Rank in Board/University
Ph.D.						
M.Tech. or Equiv./ M.Sc./M.S.						
B.Tech. or Equiv./ B.Sc./B.A.						
H.S. or Equivalent						
Madhyamik/Matric or Equivalent						
Any other						

* To be filled in by the office

** If yes, attested copy of certificate from competent authority to be attached

Contd....2

6. EXPERIENCE (Please indicate the latest first)					
University / Organisation	Designation	From	To	Total Period	Nature of Experience
7. TEACHING EXPERIENCE (Subjects taught / teaching) At the undergraduate level : At the postgraduate level					
8. ACADEMIC OR PROFESSIONAL AWARDS (HONOURS)					
9. PUBLICATIONS †					
				Number completed	Number under review
a. Publications in referred journals					
b. Publications in proceedings of seminars/conferences					
c. Books and Monographs					
d. Patent/copyright obtained/filed					
10. RESEARCH GUIDANCE ††					
				Number completed	Number in progress
a. Guidance at doctoral level					
b. Guidance at masters level					

† Please enclose the list of publications and reprints upto 5 of the most significant publications.

†† Place an asterisk by the side of the number for guidance jointly offered with another faculty.

11. SPONSORED RESEARCH AND CONSULTANCY UNDERTAKEN :

12. ANY OTHER INFORMATION WHICH YOU WISH TO BRING TO THE NOTICE OF THE SELECTION COMMITTEE

13. REFERENCES

Responsible persons, not related to the applicant but closely acquainted with applicant's academic and professional work

Name and Designation	Address
1.	Phone : E-mail : Fax :
2.	Phone : E-mail : Fax :
3.	Phone : E-mail : Fax :
4.	Phone : E-mail : Fax :

N.B. If space is insufficient for any item, you may enclose additional sheets.

LIST OF ENCLOSURES

- 1.
- 2.
- 3.
- 4.
- 5.

I hereby declare that the entries in this form are true to the best of my knowledge and belief.

Date :

Place :

.....
Signature of the applicant

To be filled in by the forwarding authority :
.....

Dated

Forwarded to the REGISTRAR, INDIAN INSTITUTE OF TECHNOLOGY, BHUBANESWAR

The applicant has been working in this office/organisation as
sinceand is still in service. We have no objection to his candidature being considered for
the post he is applying.

Signature :

Place :

Designation :

The completed application should be submitted to :

**ASSISTANT REGISTRAR, RECRUITMENT
INDIAN INSTITUTE OF TECHNOLOGY
KHARAGPUR : 721 302**