



# Indian Institute of Technology Kharagpur – 721302

## APPLICATION FOR FACULTY POSITIONS

(Please type or write in black ink)

<b>ADVERTISEMENT NO.</b> .....	<b>REGISTRATION NUMBER*</b> .....	Photograph																
<b>1. POST APPLIED FOR</b> ..... IN THE DEPTT./CENTRE/SCHOOL OF ..... Specialization .....																		
<b>2. NAME IN FULL</b> (in block letters) MR./MRS./MISS/DR./PROF.....   ..... <div style="text-align: right; margin-right: 50px;">SURNAME</div>																		
<b>3. PERSONAL DATA :</b>																		
Date of Birth	Place of Birth	Nationality (please specify) <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span>																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Day</td> <td style="width: 10%;">Month</td> <td style="width: 10%;">Year</td> <td style="width: 10%;">Town/ Village</td> <td style="width: 10%;">District</td> <td style="width: 10%;">State</td> <td style="width: 10%;">Married <input type="checkbox"/></td> <td style="width: 10%;">Single <input type="checkbox"/></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	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 <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px; vertical-align: middle;"></span>	
Day	Month	Year	Town/ Village	District	State	Married <input type="checkbox"/>	Single <input type="checkbox"/>											
Mailing Address ..... ..... ..... Phone ..... Fax : ..... Mobile : ..... E-mail .....		Permanent Address ..... ..... ..... Phone ..... Fax: .....																
<b>4. SALARY DETAILS of present (or last) position</b>																		
Scale of pay	Basic pay	Allowances	Total	Time required to Join if selected	Minimum basic Salary acceptable													
<b>5. EDUCATIONAL QUALIFICATIONS :</b>																		
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

<b>6. EXPERIENCE</b> (Please indicate the latest first)					
University / Organisation	Designation	From	To	Total Period	Nature of Experience
<b>7. TEACHING EXPERIENCE</b> (Subjects taught / teaching)  At the undergraduate level :  At the postgraduate level					
<b>8. ACADEMIC OR PROFESSIONAL AWARDS (HONOURS)</b>					
<b>9. PUBLICATIONS †</b>					
				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					
<b>10. RESEARCH GUIDANCE ††</b>					
				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, KHARAGPUR

The applicant has been working in this office/organisation as .....  
since .....and 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**