



Institute of Management & Technology

(Approved by AICTE & Affiliated to M.D.U, Rohtak)
Sector 86, Sai Dham Marg, Greater Faridabad. Faridabad. 121002.
www.imtfaridabad.com

APPLICATION FORM FOR FACULTY POSITION

Post applied for: _____ Area: _____

Advertisement in _____ Dated: (DD/MM/YYYY) _____

A. PERSONAL DETAILS

1. Name in Full: _____ (As per documents)
2. Date of Birth: _____ (DD/MM/YYYY) Age as on 31.03.2022 : _____ years
3. Gender: _____
4. Marital Status: _____
5. Nationality: _____
6. Category: _____
7. **Aadhaar Card No.:** _____
8. Father's Name/Husband's Name: _____ (As per documents)

B. FULL ADDRESS FOR CORRESPONDENCE:

1. _____
2. Pin Code _____ 3. City and State _____
4. Phone No: _____ 5. Mobile No: _____
6. Email _____

C1. ACADEMIC DETAILS

Doctoral Details:

Degree: (Ph. D, FPM etc.) _____

Institute/University _____

Topic: _____

Faculty Advisor/Supervisor: _____

Registration Date: _____ (DD/MM/YYYY)

Submission Date: _____ (DD/MM/YYYY) (expected date, if not yet submitted)

Date of Award of Degree: _____

(Research Experience excludes the experience gained while pursuing PhD)

NET QUALIFIED: YES/NO If Yes details: _____

C2. EDUCATIONAL QUALIFICATION*

	DEGREE	YEAR	INSTITUTE/ UNIVERSITY	SPECIALISATION	DIVISION/ GRADES
PG					
PG (Additional)					
UG					
UG (Additional)					
XII					
X					
Others (if any)					
Others (if any)					

*Please indicate your position in University/Board Merit: List if any

D. TEACHING EXPERIENCE

Institute / Univ.	Designation	From	To	No. of Months	Area/Subjects	AGP (Rs.)

E. INDUSTRY EXPERIENCE

Organization	Research Projects	From	To	No. of Months	GP (Rs.)

F. PUBLICATION IN JOURNAL (Please mention details of 10 best publications)

Journal	Year	Title of the paper	Co-author	Vol.	Page No.	No. of Citations (Scopus/Web of Science/ICI)

G. BOOKS AUTHOR/EDITED

Name of the Book	Co-Author	Publisher	Year of Publication

H. FPM / Ph.D. SUPERVISION

Name of the Scholar	Year of Regn/Year of Awarding Degree	Topic of Research	University/Institute	Co Supervisors

I. RESEARCH PROJECTS UNDERTAKEN

Name of the Research Project	Co – Investigator	Funding Agency	Amount	Year	Status

J. CONSULTANCY ASSIGNMENTS UNDERTAKEN

Name of the Consultancy assignment	Organisation	Year	Status

K. MDP / WORKSHOPS AND SEMINARS CONDUCTED

Title of the Programme	Organization / Place	Year	Duration

L. SCHOLARSHIP, HONORS & AWARDS (Brief Details)

M. EXPERIENCE OF ADMINISTRATIVE RESPONSIBILITIES;

From	To	Position Held	Organization	Functions/Responsibilities

N. ANY OTHER RELEVANT INFORMATION THAT YOU MAY LIKE TO ADD

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O. NAME AND ADDRESS OF REFEREES

Name of the Referee	Affiliation	Address	E-Mail	Contact No.

Declaration:

I hereby declare that the above information given by me is correct and complete to the best of my knowledge and no information has been distorted. If it is revealed that I have concealed or distorted any information my application may be rejected without any notice.

Date: _____

Name: _____

Place: _____

Email : _____