Application for Faculty/Administrative Position



INDIAN INSTITUTE OF ENGINEERING SCIENCE AND TECHNOLOGY, SHIBPUR HOWRAH – 711 103

Form No.: (Please Fill in BLOCK LETTERS) Advertisement No. Affix here recent Passport Post Applied for size Photograph Department · 1. Name in Full (Surname first) Married Single Male Female (Please tick ✓) 2. Address: Present Permanent: Fax E-mail Office: Residence: O No. Date of Birth 4. Nationality: 5. Present Employment: Designation Organisation Date of Joining Scale of Pay (Rs) Basic Pay (Rs.) Total Emoluments (per month) (Rs.) 6. Basic Pay expected (Rs.) 7. (a) Tick-mark the appropriate box if you belong to reserved category (\*) SC ( OBC ( 8. Total years of experience after attaining essential qualification 9. Areas of Specialisation

\* ( Please attach attested copy of Certificate from competent authority )

10. Current Areas of Research: (Only for academic positions)

11. Academic Record starting with Secondary Education ( Please attach copies of Certificates )

Examination	Branch/ Specialisation	College/University/ Institute	Year	Percentage/ Grade	Class/ Divisition
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12. Employment: ( Please attach copies of experience certificates )

Employer	Position held	Date of Joining	Date of Leaving	Pay with Scale of Pay
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- 12.1. Have you ever been discharged/suspended from any position? If Yes, state reasons:
- 13. Special Awards/Honours received, if any :

Year	Name of Award/Honour	Name of Organisation		
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Name of Body			Status of Membership: Life/Annual		
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16. Name and addresses of three Referees (at least one of them should be from your present organisation who is familiar with your recent work)

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Name			
Occupation or position			
Address			
Fax	\$		-
E-mail	*		
To No.			

17. Statement of Objectives (to be filled up in Candidate's own han	and writing
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a) b) c)	Please indicate as to why y Technology, Shibpur How in your opinion do yo A short paragraph about th like to undertake and the co	ou meet the job reque research/teaching	uirements as adv g/development p	vertised rojects you would	
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Place:			( Signa	ture of Applica	nt)
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	ii) Please submit six pho original.	to copies of this	form ( duly fill	ed in ) along wi	th the
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