

Indian Institute of Management Raipur

GEC Campus, Sejbahar, Raipur 492 015
Tel: +91-771-2474603 Fax: +91-771-2474604

Application Form for Faculty Position

Affix your
Passport Size
Photograph
here

1. Name in Full: _____

2. Father's/Husband's Name: _____

3. Date of Birth: ____/____/____ Age as on (Date of Advt.) ____ years ____ months

4. Mailing Address: _____

Tel. No. _____ Mobile: _____

Fax No. _____ E-mail: _____

5. Permanent Address: _____

Tel. No. _____ Mobile: _____

6. (a) Position Applied for: _____

(b) Area of Specialization: _____

(c) Did you previously apply for any post in this Institute? Yes _____ No _____

If yes, please provide details: _____

7. (a) Gender (M/F): ____ (b) Marital Status: _____ (c) No. of dependents: _____

(c) Details of Family

S.No.	Name	Relation with employee	Age	Profession

8. Nationality: _____

9. Category (SC/ST/OBC/DAP/General): _____

10. Objectives for applying at IIM Raipur

11. Subject(s) Currently Teaching at PG/Doctoral level:

12. Area of Research Interests:

13. Topic of your FPM/Ph.D. /Equivalent

14. Educational Qualifications recognized by AIU/UGC/any other statutory body or parity (in reverse chronological order)

Sl. No.	Examination Passed	University/ Institution	Subjects	Year of passing	%age of Marks	Class/ Division
1						
2						
3						
4						
5						
6						
7						

15. Full time Work Experience (in reverse chronological order)

Sl. No.	Name of the Employer	Period of Service		Position/ Designation	Scale of Pay & Basic Pay	Reason for leaving
		From	To			

(a) Total work experience: _____ years

(b) Total Post-Ph.D. Teaching Experience at P.G. level: _____ years

(c) Total Work Experience as Assistant Professor/Associate Professor: _____ years

16. Details of Publications and Research works (Please attach separate sheet if necessary):

(a) Research Papers Published in A, B & C Category Journals as classified by IIM Raipur

S. No.	Co-authors	Year	Title of Paper	Journal	Journal Category	Vol.	No.	pp.

If required, please attach separate sheets if in same format.

(b) Books Authored/edited

S. No.	Name of Book	Co-authors	Publisher	Year of Publication

(c) Papers Presented in the Conference

S. No.	Co-authors	Year	Title of Paper	Conference	Organised by.

(d) Research Project Undertaken

S. No.	Name of Research Project	Co-Investigator	Funding Agency/Amount	Status

(e) FPM/Ph.D. Supervision:

S. No.	Scholar's Name	Year of Regn.	FPM/Ph.D. Topic	University/ Institution	Co-super -visor(s)	Status

17. MDPs/Workshops/Seminars/Consultancy conducted:

Sl. No.	Topic of MDP	Duration	Dates	Organisation/Place
1				
2				
3				
4				
5				

18. Experience of Administrative Responsibilities in Academic Institutions:

From	To	Administrative Position	Major responsibility

19. Any other information you may wish to add:

20. Professional References (Two)

E-mail: _____ Mobile: _____	E-mail: _____ Mobile: _____
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21. Declaration:

I declare that the foregoing information is correct and complete to the best of my knowledge and belief and nothing has been concealed/ distorted. If I am found to have concealed/distorted any material information, my application shall be liable to summarily termination without any notice. If offered appointment, I will join on specified date and subsequently take up IIM Raipur's assignment anywhere as and when required.

Date:

Place:

Signature of the Candidate