**APPLICATION FORM FOR FULL TIME FACULTY POSITION**

1. **General Information:**

|  |  |  |
| --- | --- | --- |
| Name (in Block Letter) |  | ***01 (one) recent Passport size Photograph*** |
| Present Address |  |
| Date of Birth |  |
| Mobile No. |  |
| Email |  |
| Department/Discipline |  |
| Position Applied For |  |

1. **Educational Qualifications:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Type of the Degree** | **Title of Degree with Major & Minor** | **Results****Class/Division/****CGPA (Out of ….)** | **Year of Passing** | **Name of the Institution** | **Board/ University** | **Position****(If any)** | **Award/ Scholarship** |
| SSC |  |  |  |  |  |  |  |
| HSC |  |  |  |  |  |  |  |
| Bachelor’s Degree |  |  |  |  |  |  |  |
| Master’s Degree (1) |  |  |  |  |  |  |  |
| Master’s Degree (2)/ M. Phil |  |  |  |  |  |  |  |
| PhD |  |  |  |  |  |  |  |
| Other Degree (s) |  |  |  |  |  |  |  |

**Notes:**

* Result must be endorsed.
* Photocopy of Certificates and Transcripts to be included.
* May include more rows if required.
1. **Professional Qualifications:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title of the Certification/ Degree** | **Location** | **Name of the Institution** | **Result** | **Period** | **Duration** |
| **From (Date)** | **To (Date)** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Note: May include more rows if required.

1. **Language Proficiency:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of the Exam (IELTS/ TOEFL etc.)** | **Reading** | **Writing** | **Speaking** | **Overall Score** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Note: May include more rows if required.

1. **Work Experience:**
2. **Summary (Only active teaching experience at University Level):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Designation** | **Department/Discipline** | **Name of the University** | **From (Date)** | **To (Date)** | **Duration** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total** |  |  |

Note: May include more rows if required.

 **b. Summary (Other experiences/ corporate experiences if any):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Designation** | **Department** | **Institution/ Organization** | **From (Date)** | **To (Date)** | **Duration** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total** |  |  |

Note: May include more rows if required.

1. **Publications (If any):**

| Sl no. | **Title of the Article**   | **Journal, ISSN, Volume, Issue, Page etc.** | **Put (**√**) in the relevant column** | **No. of****Authors** | **First Author or not** **(Give Tick)** |
| --- | --- | --- | --- | --- | --- |
| SingleAuthor  | Multiple Author | Local | Intl. |
|  |  |  |  |  |  |  |  | Yes / No |
|  |  |  |  |  |  |  |  | Yes / No |
|  |  |  |  |  |  |  |  | Yes / No |
|  |  |  |  |  |  |  |  | Yes / No |
|  |  |  |  |  |  |  |  | Yes / No |

|  |  |
| --- | --- |
| Number of Articles | **Single-Authored** = **Multiple-Authored** =  |
| **Total Publication** =  |

Note: May include more rows if required.

**Notes:**

* Credit for publication will be given only on peered reviewed research articles.
* Only one (01) ‘Acceptance letter’ for articles / papers will be accepted as Publication. The number, volume and year of the Journal in which it is going to be published must be specified.
* Published book, book chapters or conference paper will not be considered as Publication.
1. **Career and Application Information:**

|  |  |
| --- | --- |
| Present Salary |  |
| Expected Salary |  |

1. **Personal Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Father’s Name |  | Occupation |  |
| Mother’s Name |  | Occupation |  |
| Marital Status |  | Nationality |  |
| Permanent Address |  |

1. **References:**

**Reference: 01**

|  |  |
| --- | --- |
| Name  |  |
| Designation  |  |
| Organization  |  |
| Phone (Off)  |  |
| Mobile  |  |
| Email  |  |
| Address |  |

**Reference: 02**

|  |  |
| --- | --- |
| Name  |  |
| Designation  |  |
| Organization  |  |
| Phone (Off)  |  |
| Mobile  |  |
| Email  |  |
| Address |  |

1. **Certificate of Authenticity:**

I, the undersigned, certify that, all information stated in this form is true and complete to the best of my knowledge. I understand that any willful misstatement described herein may lead to my disqualification.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of the Candidate