

7. (a) Indicate category to which you belong by marking "v" in the appropriate box

GEN

SC

ST

OBC

8. Areas of specialization:

9. Current areas of research:

10. Academic Record starting with Matriculation:

Sl.No.	Degree	College/University/Institute	Year of Joining	Year of Leaving	Percentage

11. Employment Particulars till date:

Sl.No.	Name of the Employer	No. of years served	Period		Designation	Scale of Pay / Remuneration
			From	To		

12. Professional Training Received

Sl.No.	Training	Organization	Duration	
			From	To

13. Membership of Professional Bodies

Sl.No.	Name of the Professional Body	Status of Membership: Life/Annual

14. Important Conferences/Seminars attended

Sl.No.	Conferences/Seminars attended	Title of paper read (if any)	Year	Venue

15. Please provide the following information:**a) TEACHING EXPERIENCE:**

Serial No.	Title of course taught	Postgraduate or Undergraduate	Sole instructor or with others	Year

Total years of Post Graduate Teaching Experience :

b) POST GRADUATE THESIS SUPERVISION:

Sl. No.	Name of the Student/ Research Scholar	Title of thesis	Doctorate or Master's level	Year of completion	Co-guide(s) if any

Indicate any special work done towards developing new courses or laboratories:

c) SPONSORED PROJECTS UNDERTAKEN:

Sl.No.	Sponsoring Agency	Title of project	Amount of grant	Period	Co-investigators (if any)

d) CONSULTANCY WORK DONE:

Sl.No.	Organisation	Title of Project	Amount of grant	Period	Co-investigators (if any)

e) INDUSTRIAL EXPERIENCE/INTERACTION:

Sl.No.	Organization	Nature of work	Period

f) CONTINUING EDUCATION PROGRAMMES CONDUCTED:

SI.No.	Details

g) LIST OF PUBLICATIONS:

List of *PUBLISHED* and *ACCEPTED* papers.

1. PAPERS IN REFEREED JOURNALS

SI.No.	Paper Details

2. PAPERS IN CONFERENCE PROCEEDINGS:

SI.No.	Paper Details

3. PUBLISHED BOOKS:

Sl.No.	Details

h) SHORT TERM COURSES/WORKSHOPS/SEMINARS ETC. ORGANIZED :

Sl.No.	Particulars

i) AWARDS AND RECOGNITION :

Sl.No.	Particulars

j) OTHER ACADEMIC AND CORPORATE ACTIVITIES :

Sl.No.	Activity Details

k) ANY OTHER RELEVANT INFORMATION YOU MAY LIKE TO FURNISH :

16. Proposed Research and Work Plan at IDRBT

17. Names and addresses of three Referees (at least one of them should be familiar with your recent work)

Name			
Occupation or Position			
Address			
Phone No.			
Email ID			

DECLARATION

I hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that if at any stage, it is found that any information given in this application is false / incorrect or that I do not satisfy the eligibility criteria according to the Institute, my candidature / appointment is liable to be cancelled / terminated. I have read and understood the stipulations given in the advertisement and hereby undertake to abide by them.

PLACE:

DATE:

Signature of the Applicant : _____

Name of the Applicant : _____

The filled-in application may be sent to **“The Director, IDRBT, Castle Hills, Road No.1, Masab Tank, Hyderabad – 57”** by e-mail to **faculty2011@idrbt.ac.in**.