



बैंकिंग प्रौद्योगिकी विकास एवं अनुसंधान संस्थान

(भारतीय रिजर्व बैंक द्वारा स्थापित)

Institute for Development & Research in Banking Technology

(Estd. By Reserve Bank of India)

Web: www.idrbt.ac.in | E-mail: pragati@idrbt.ac.in

Online Application for Assistant Professor & Associate Professor

Name:

First Name*

Middle Name

Last Name*

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Gender*:

Male ☐

Female ☐

Others ☐

Date of Birth*:

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(in DD/MM/YYYY
format)

**Are you a citizen of
India?**

Yes ☐

No ☐

Are you a PIO / OCI?

Yes ☐

No ☐

**If non-Indian citizen, please specify your country of
citizenship.**

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Current Address*:

Permanent Address*:

Telephone (Mobile) *

Telephone (Office)

Telephone
(Residence)

Email:

Are you a person with disability?

Yes ☐

No ☐

If yes, Nature of Disability

Your education, commencing with your highest qualification *

Degree	College / University/Institute	Date of Joining	Date of Completion	Percentage/CGPA	Class/Division

Ph.D. Advisor/s *

Title of Ph.D. Thesis *

**Areas of
Specialization***

Post-doctoral experience and previous employment (successive positions with the same employer should be listed separately) *

Employer (Organization/Institution, Department, City, Country)	Position held	Date of Joining	Date of Leaving

Preferred Areas where the application is to be considered: Choice 1	Scheme for preferred areas in maximum 500 words. (Separate Attachement)
Preferred Areas where the application is to be considered: Choice 2	
Preferred area where the application is to be considered: Choice 3	
Publications :	Reference Link

Please provide PDF files of the following.

(Max. size allowed for each of 5 selected papers is 6MB; Max. size of other files is 2MB each)

(For more than the specified size limit documents may be attached separately to the email in continuation refereeing the original email.)

(A) Curriculum Vitae with a list of publications *	Choose File
(B) Proposed research plan requirements for equipment, space, laboratory infrastructure and approximate cost.	Maximum 500 words.
C) Any other relevant information you may like to furnish	If need attach separate Doc.

Names and addresses of at least 3 referees who are not close relative (ref. Companies Act).

Referee 1 *		Referee 2 *	
Name:		Name:	
Position:		Position:	
Affiliation:		Affiliation:	
Address:		Address:	
Email:		Email:	
Phone:		Phone:	
Referee 3 *		Referee 4 *	
Name:		Name:	
Position:		Position:	
Affiliation:		Affiliation:	
Address:		Address:	
Email:		Email:	
Phone:		Phone:	

☐ I hereby declare that all entries in this form as well as the information provided in the attached documents are true to the best of my knowledge and belief.

***These fields are mandatory for Application Form Assessment.**

Place

Signature

Date

Name