BIJU PATNAIK UNIVERSITY OF TECHNOLOGY, ODISHA ROURKELA

APPLICATION FORM FOR THE POST OF ASSISTANT PROFESSOR

(Advt. No, dated)	
Discipline: College/Center Name:	
Category (UR/ SC/ ST/ SEBC/ OPH/ SC(w)/ ST(w)/ UR(w)/ SEBC(w)/ Any other (PI. me (Enclose the caste certificate/ Medical certificate for claim of reservation and separate DD for each applied Draft NoDate Amount	
(A): Personal Information	
1. Name in Full :	
(in block letters) (as indicated in secondary school certificate)	
2. Date of Birth (DD/MM/YY) :	
Age as on closing date :	
3. Nationality :	
4. Gender (Male/ Female) :	
5. Marital Status (Married / Unmarried) :	
6. Father's Name/ Husband's Name: and Mother's name	
7. Address for Correspondence :	
E mail : Mobile:	
Landline : Fax:	
8. Permanent Address :	
	
	
(B) Academic Qualifications :	
(from Higher to HSC) 9.	

SI No	Exam passed	University/ Board/	Month/ Year of	Subjects/ Discipline	Specializatio n	% of Marks/	Class/ Division	Rank/ Position
	p 3.000	Institution	passing			CGPA*		in
								University
				In which	If any			If any
				degree is				
				awarded				
1								
2								
3								
4								
5								

^{*} Please specify the percentage of marks upto two decimal place * In case of CGPA / CPI, please give marks in percentage along with the conversion formula

(C): Experience

10.	Experience	
. • .		-

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Name &	Period (of service	Designation	Scale of Pay	Total period of
address of	From	То			employment
employer/ inst.					

(D) : Research Activities

11. Research Papers in Journals :

International Journals	National Journals		
No. of Papers	No of Papers		

^{*} The details to be attached in a separate sheet if any

12. Research Papers presented in Conference/ : Seminar

SI. No	No. of Conference/ Seminar	Year
1		
2		
3		

^{*} The details to be attached in a separate sheet

13. Research Projects/ Consultancy Undertaken

SI	Name of the Project/ Consultancy	Sponsoring Agency	Name of Co- investigator, if any	Amount sanctioned
1.		, .go		
2.				

14. Research Guidance

SI	M.Tech	Ph.D
	(No.of guidance)	(No.of guidance)

15. Awards / Honours received:

	No. of Awards/ Honours	Year	Details
International			
National			
State			
Professional bodies			
Any other			

Membership of Professional Society:

16.

Place:

Date:

	(i)			
	(ii)_			
	(iii)_			
17.	Subject taught in ME/ M. level:	Tech/ Master le	vel & year of tead	ching experience in Master
	(i)			
	(ii)_			
	(iii)			
	(
18.	Short-term training Cond	ucted/ Attended	:	
SI. No.	Name of the Short-term training/FDP	Period From To	Venue	Role
1	<u> </u>			
2				
3				
4				
19.	Course/ Instructional ma	terials developed	I:	
SI.	Nature of Materials : Boo		Title	Published Media
No.	Manual, Digital, Lecture PDF/ Word file, any other	e, Video, PPT, (pl. mention)		
1				
2				
3				
4				
20.	Undertaking:			
	Certified that the foregoing	ng information pr	ovided by me is o	correct and nothing has bee

concealed / distorted. If at any time, I am found to have concealed / distorted any information, my appointment shall be liable to termination without notice and will be liable to disciplinary action/penalty as decided by the authority. I will perform the duties as assigned by the authority based on

Full Signature of the Candidate

the requirement of the university if offer the appointment against the said post.