



Galaxy Institute of Technology & Management

Application For Faculty Positions

(Please type or write in black ink)

1. POST APPLIED FOR							Paste Passport Size Photograph
IN THE DEPT. OF							
2. NAME IN FULL (in block letters)							
MR./MRS./MISS/DR./PROF. SURNAME							
3. PERSONAL DATA:							
Date of Birth			Place of Birth			Nationality (Please specify) <input style="width: 100%;" type="text"/>	
Day	Month	Year	Town/ Village	District	State	Married <input type="checkbox"/> Single <input type="checkbox"/>	
						Do you belong to Scheduled Caste/Tribe/OBC If yes, write SC/ST/OBC <input type="checkbox"/> (Optional)	
4. ADDRESS:							
Address for Correspondence				Permanent Address			
.....						
.....						
.....						
Phone				Phone			
Fax				Fax			
Mobile				E-mail			
5. SALARY DETAILS of present (or last) positions						Time required to join (if selected)	
Scale of pay		Basic pay		Allowances		Total	
6. EDUCATIONAL QUALIFICATIONS							
Degree/Examination	University/Institution	Year	Discipline	Division/ Class	% of Marks	Rank in Board/University	

NOTE: Enclose Photocopies of the degree certificates.

7. Experience (Please indicate the latest first)					
University/ Organization	Designation	From	To	Total Period	Nature of Experience

8. TEACHING EXPERIENCE (Subjects taught/ teaching)

At the undergraduate level :

At the postgraduate level :

9. ACADEMIC OR PROFESSIONAL AWARD (HONOURS)

10. PUBLICATIONS	Number completed	Number under review
(a) Publications in referred journals		
(b) Publications in proceeding of seminars/conferences		
(c) Books and Monographs		
(d) Patents/copyrights obtained/filed		

11. RESEARCH GUIDANCE	Number completed	Number under review
(a) Guidance at doctoral		
(b) Guidance at masters level		

NOTE:

- Please enclose the list of publications and reprints
- Place an asterisk by the side of the number for guidance jointly offered with another faculty.

12. SPONSORED RESEARCH AND CONSULTANCY UNDERTAKEN:

13. ANY OTHE INFORMATION WHICH YOU WISH TO BRING TO THE NOTICE OF THE SELECTION COMMITTEE:

14. MEMBERSHIP OF PROFESSIONAL INSTITUTIONS:

- 1.
- 2.
- 3.
- 4.
- 5.

LIST OF ENCLOSURES

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

I hereby declare that the entries in this form are true to the best of my knowledge and belief.

Date:

Place:

.....
Signature of the applicant