**Indian Institute of Information Technology, Lucknow**

**(An Institute of National Importance by Act of Parliament, Under PPP Mode)**

Camp Office- IIIT-Allahabad, Deoghat, Jhalwa, Allahabad -211015 (U.P.) INDIA

**Advertisement No. IIIT-L/GFS/01/2018, dated November 27, 2018**

**Application Form for Guest Faculty**

**Name of Candidate :………………………………………………………..…………………**

Post Applied **:………………………………..…………………………………………**

Full Name **:……………………………………..……………………………………**

Father’s Name **:………………………………………..…………………………………**

Category : General/OBC/SC/ST Gender :………………..…...

Date of Birth **:…………………………………………………………………..………**

## Address for Correspondence

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Phone No. (Res)** | **Phone No. (Office)** | **Mobile No.** | **Fax** | **E-mail ID** |
|  |  |  |  |  |

## Educational Qualification

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SN.** | **Examination Passed** | **Board /University** | **College/Institute** | **Year of Passing** | **Percentage/CGPA** | **Discipline/Branch /Specialization** |
| 1. | Higher Secondary |  |  |  |  |  |
| 2. | Senior Secondary |  |  |  |  |  |
| 3. | Graduation  (bachelor level) |  |  |  |  |  |
| 4. | Post-Graduation  (Master level) |  |  |  |  |  |
| 5. | Doctoral |  |  |  |  |  |

**Experience details in chronological order starting with most recent one:**

(Add details in separate sheet if required)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Post Held** | **Name of the Employer** | **Date Start** | **Duration in Years** | **GP/AGP and Present Basic Pay** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Teaching Experience (in number of years):**

**Research Experience (in number of years):**

**Industrial Experience (in number of years):**

**Number of Publications:** (Add details in separate sheet)

|  |  |  |
| --- | --- | --- |
| Conference | Journals | Books |
|  |  |  |

**Number of Thesis/Project Supervised:**

|  |  |
| --- | --- |
| **Post Graduate (in number)** | **Ph.D. (in number)** |
|  |  |

**Sponsored Project Coordinated (in number)\*:**

**Consultancy Project undertaken (in number)\*:**

**Number of Patents Held\*:**

**Any other (Achievement / awards / contribution)**

**For Fees UTR No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_ Bank:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

##### **Name and Address of two referees:**

|  |  |
| --- | --- |
| **Name** |  |
| **Occupation or position** |  |
| **Address** |  |
| **Email** |  |
| **Phone** |  |

##### **DECLARATION**

I hereby declare that information furnished above is true to the best of my knowledge and belief. If at any time I am found to have concealed any material information or given any incorrect data, my appointment, if made, may be terminated without notice or compensation.

Date:

Place:

List of Enclosures: **Signature/Initials**

\* Kindly furnish details if any (in separate sheet) and should be substantiated with the relevant proof by producing originals at the time of interview.