

Application Form

A	APPLICATION INFORMATION*						PHOTOGRAPH*	
1	Position applied For							
2	Department							
3	Specialization							
4	Sub Specialization(s):							
B	PERSONAL INFORMATION*							
4	Name							
5	Date of Birth		(DD/MM/YY) ____/____/ 19____		6	Gender		
7	Religion				8	Category		General/ SC/ST/OBC/PH: _____
9	Marital Status				10	Nationality		
11	Contact details	Phone/ Mobile No.						
		Email id						
		Address						
C	EXPERIENCE*							
12	Employment Details (In reverse Chronological Order)							
		Employer		Designation	Scale of Pay	Tenure		
		Name	Location			From	To	Total (in years)
13	Experience Details							
	Level			Years				
(i)	Post UG							
(ii)	Post PG							
(iii)	Post Doctoral							
Total Experience: _____ years								

D	EDUCATION*/Research qualification (In reverse chronological order, i.e., latest qualification first)				
** MENTION CLEARLY IF NET/SET/GATE OR EQUIVALENT EXAM CLEARANCE BY GIVING DETAILS					
Examination/ Class/ Degree	Subjects/ Specialization	Duration		Percentage / CGPA	University/ Board
		From Mm/yy	To Mm/yy		
E	PUBLICATIONS(Give numbers only and attach copies of 3 best publications)				
16	Platform	Published	Accepted	In Print	
(i)	Book(s)				
(ii)	General article(s)				
(iii)	Conference publication(s)				
(iv)	Journal Publication(s)				
F	CONFERENCES/ SEMINARS/ WORKSHOPS(Give numbers only)				
Particulars		National	International	Total	
17	Attended				
18	Organized				
G	RESEARCH PROJECTS(Give numbers only)				
Status		Funding Agency			As PI/ Co-PI/ Investigator
		Name	Amount	Duration	
19	Completed				
20	Ongoing				
H	RESEARCH SUPERVISION(Give numbers only)				
Domain		Awarded	Submitted	Ongoing	
21	Ph. D				
22	M. Phil.				
23	P. G.				
I	PATENTS(Give numbers only)				
Registered			Filed		

Patent details, if any:																			
J PRIZES/ MEDALS/ AWARDS/ HONORS																			
Name of recognition	Year	Name of the awarding Organization	Contribution made																
K MEMBERSHIP/ FELLOWSHIP OF PROFESSIONAL SOCIETIES/BODIES																			
Name of Professional Society	Type of Membership#	Membership Number	Year From To																
#Associate, Member, Fellow, etc.																			
Have you undergone any selection process with JECRC FOUNDATION previously?																			
<div style="border-bottom: 1px solid black; width: 100px; margin-bottom: 10px;"></div> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">If Yes, have you been</td> <td style="width: 20%;"></td> <td style="width: 20%;">Date (DD/MM/YYYY)</td> <td style="width: 20%;">Institution</td> <td style="width: 10%;">Position</td> </tr> <tr> <td>A) Called for Interview</td> <td>Yes/No</td> <td></td> <td></td> <td></td> </tr> <tr> <td>B) Made an Offer</td> <td>Yes/No</td> <td></td> <td></td> <td></td> </tr> </table>					If Yes, have you been		Date (DD/MM/YYYY)	Institution	Position	A) Called for Interview	Yes/No				B) Made an Offer	Yes/No			
If Yes, have you been		Date (DD/MM/YYYY)	Institution	Position															
A) Called for Interview	Yes/No																		
B) Made an Offer	Yes/No																		

I hereby declare that all the information given above is true to the best of my knowledge and understanding. In case of any false/ incorrect information, I will be solely responsible for the same.

Signature

Name: _____

Date: ____/____/____

IMPORTANT NOTES:

1. Entries marked with an asterisk (*) are mandatory to fill.
2. Please write Nil if not applicable.
3. Attach all necessary/relevant documents.
4. Incomplete Application Forms are liable to be rejected.
5. Please read the accompanying Guidelines while filling the Form.

Profile Summary of _____

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1	Position Applied For						
2	Department						
3	Specialization						
4	Sub Specialization(s)						
B	PERSONAL INFORMATION						
4	Phone/mobile no.						
5	Email id				Date of Birth: ____/____/____		
C	EXPERIENCE: Total experience: _____ years						
6	Employment details (In reverse chronological order)*						
Employer		Designation	Scale of Pay	Tenure			
Name	Location			From	To	Total	
D	EDUCATION/Research qualification(In reverse chronological order)						
Examination/ Class/ Degree	Subjects/ Specialization	Duration		% marks / CGPA	University/ Board		
		From Mm/yy	To Mm/yy				

Signature