



SVKM's
NMIMS University

(Declared as Deemed-to-be University under Section 3 of the UGC Act, 1956 vide Notification No.F.9-37/2001-U-3 dated 13th January, 2003 of the Government of India)



Application for Faculty Position

Affix
Photograph

Advertisement Date: _____

| | |
|---|---|
| A: POST APPLIED FOR: | |
| Name of post (s). (Please list in order of preference): *(Fill in at least 1 position) | Area of specialization: |
| 1. | What is your expected salary Per Annum? *Rs. |
| 2. | |
| 3. | |
| What is your current salary Per Annum? *Rs. | |

| | | | |
|---|---|---|---|
| A-1: Choice of Campus: | | | |
| 1. MUMBAI <input type="checkbox"/> CAMPUS | 2. SHIRPUR <input type="checkbox"/> OPERATIONS | 3. BENGALURU <input type="checkbox"/> OPERATIONS | 4. HYDERABAD <input type="checkbox"/> OPERATIONS |
| <i>Please fill in the preference (I to 4)</i> | | | |
| B: PERSONAL PARTICULARS: | | | |
| Full Name (Prefix Mr. Mrs. Ms. Dr.) | Surname | Middle Name | First Name |
| Maiden Name (if applicable) | | | |
| Marital Status | Married / Unmarried | | |
| Passport No. | | | |
| Nationality | Indian / NRI | | |
| Date of Birth | | | |
| Gender | Male / Female | | |
| Address for Communication | | | |
| Permanent Address | | | |
| Contact Numbers: | Office No. | Residential No. | |

| | |
|------------------------------|---|
| Mobile No. | |
| E-mail id | |
| Place of Birth with State | |
| Blood Group | |
| PAN/ GIR No. | |
| C: FAMILY PARTICULARS | |
| Name of Spouse | |
| Citizenship | |
| Is your Spouse employed | Yes / No |
| If yes Give Details | Name of Employer: Designation: Place of work: Contact Details: |

| | |
|---|--|
| D: CONTACT PERSON IN CASE OF EMERGENCY | |
| Full Name | |
| Address | |
| Telephone Number with STD code | |
| Mobile Number | |
| E-mail | |

| | | | | |
|---|----------------|--------------|----------------|------------------|
| E: LANGUAGE SKILLS (Tick as appropriate) | | | | |
| Name of the Language | English | Hindi | Marathi | Any other |
| Speaking | | | | |
| Writing | | | | |
| Reading | | | | |

| F: EDUCATIONAL QUALIFICATIONS (Chronological) | | | | | |
|--|-----------------|--------------|-------------------------|------------------|--------------|
| Please attach photocopies | | | | | |
| Sr. No. | From (dd/mm/yy) | To(dd/mm/yy) | Institution/ University | Degree/ Diploma* | Grade/ Marks |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

* Please provide details starting with the highest qualification

| G: PROFESSIONAL EXPERIENCE | | | | | | | |
|--|-----------------|--------------|--------------|-----------------------------|---------------|-------------------|----------------------------|
| (Please state in Chronological Order) | | | | | | | |
| Sr. No. | From (dd/mm/yy) | To (dd/mm/y) | Company Name | Brief Description of Duties | Position Held | Salary Last Drawn | Reason for leaving the job |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

*Please provide details starting with the earliest experience.

*Please attach additional sheets if required.

G- 1 FURNISH DETAILS OF DOCTORAL THESIS:

| H: OTHER FORMAL STUDIES/ | | |
|--|-----------------|---------------|
| Qualifications/ Workshops/ Membership | | |
| Description | From (dd/mm/yy) | To (dd/mm/yy) |
| | | |
| | | |

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I: LIST OF PUBLICATIONS:

Please attach a separate sheet if applicable

| Name (Author/ s) | Title | Journal/ Magazine | Volume | Date |
|------------------|-------|----------------------|--------|------|
| | | | | |
| | | | | |
| | | | | |

**J: PAPERS PRESENTATION/ SESSIONS Chaired/
SEMINARS/ Symposia/ Conference**

| Description | From (dd/mm/yy) | To (dd/mm/yy) | National | International | Others |
|-------------|--------------------|------------------|----------|---------------|--------|
| | | | | | |
| | | | | | |
| | | | | | |

K: PROFESSIONAL AFFILIATION – INDIAN AND FOREIGN (Membership of Societies, etc.)

| Organization | Year of Election/ Nomination | Grade of Membership | Remarks |
|--------------|---------------------------------|---------------------|---------|
| | | | |
| | | | |
| | | | |

**L: VISITS ABROAD
(For Professional Work or Training only)**

| Country | Period of Visit | Purpose |
|---------|-----------------|---------|
| | | |

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| M: PROFESSIONAL REFERENCE (Reference must not be related to you by blood or marriage) | |
| Name of 1st Referee | |
| No. of Years Known | |
| Occupation | |
| Address | |
| Contact No. with STD Code | |
| E-Mail | |
| | |
| Name of 2nd Referee | |
| No. of Years Known | |
| Occupation | |
| Address | |
| Contact No. with STD Code | |
| E-Mail | |

| | |
|--|--|
| N: GENERAL INFORMATION | |
| 1. Have you ever suffered or are you suffering from any physical impairment, disease or mental illness? If Yes Give Details | |
| 2. Have you ever been convicted in a court of law? If yes Give Details | |
| 3. Have you been charged with any offence in a court of law anywhere for which the outcome is not yet known? If Yes Give Details | |
| 4. Have your any relative or friend working in the NMIMS or SVKM Group institutions | |

Declaration by the applicant (to be completed by all applicants)

I hereby declare that the information furnishes by me is correct and complete and that I shall immediately inform the SVKM's NMIMS University of any changes in my current status. I hereby agree that any false statement I make in this application shall result in cancellation of my candidature. I have attached Xerox of proof of qualification and work experience.

Name of Candidate :-----

Place :-----

Signature :-----

Date :-----



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DATA SHEET

Post Applied for :-----

Dept :-----

| | | | |
|--|---|---|---|
| A-1: Choice of Campus: | | | |
| 1. MUMBAI CAMPUS <input type="checkbox"/> | 2. SHIRPUR OPERATIONS <input type="checkbox"/> | 3. BENGALURU OPERATIONS <input type="checkbox"/> | 4. HYDERABAD OPERATIONS <input type="checkbox"/> |
| <i>Please fill in the preference (1 to 4)</i> | | | |

| | | | | | | | |
|---|--|-----------|----|---------|------------|----|---------|
| 1 | Name and Address | | | | | | |
| 2 | Nationality / Age/ Date of Birth | | | | | | |
| | UG/ PG Degrees Year/ University | | | | | | |
| | Ph.D. Year/ University/ Specialization | | | | | | |
| | Present Position, with salary details | | | | | | |
| | Number of years experience as Asst. Prof. Number of years experience as Assoc. Prof. | | | | | | |
| | Experience (in Years) | | | | | | |
| | Teaching Experience | UG: | | | PG: | | |
| | Research Experience | Pre-Ph.D. | | | Post-Ph.D. | | |
| | Industrial Experience | | | | | | |
| | Research Guidance (give numbers) | Completed | | | Ongoing | | |
| | | Ph.D. | MS | M.Tech. | Ph.D. | MS | M.Tech. |
| | | | | | | | |

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|----|---------------------------------------|----------|---------------|
| 10 | Publication details (give numbers) | National | International |
| | • Journal Papers | | |
| | • Conference Publications | | |

| | | |
|--|---------------------------------|--|
| 11 | Books | |
| 12 | Patents | |
| 13 | Sponsored Project details | |
| | • Project title | |
| | • Amount involved | |
| | • Sponsorship Agency | |
| | • Duration | |
| Please attach separate sheet for additional projects | | |
| 14 | Consultancy | |
| 15 | Any other relevant information: | |

For Department Use only Remarks:

Signature of Deans of School/ Head of Department with date: