Affix passport size photograph

**APPLICATION FOR THE POST OF DIRECTOR**

1. Name :
2. Gender : Male / Female / Other :

(Please tick)

1. Date of Birth : **\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_**
2. Age : **\_\_\_\_\_\_\_\_\_**\_Years**\_\_\_\_\_\_\_\_\_\_**Months**\_\_\_\_\_\_\_\_\_\_**Days

(As on 1st January, 2021)

1. Religion & Category : **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** , SC / ST / OBC / GEN

 (Please tick)

1. Nationality :
2. Father’s Name :
3. Mothers’ Name :
4. Marital Status :
5. Address :

|  |  |
| --- | --- |
| Address for Communication | Permanent Address |
| Pin Code: | Pin Code: |

1. Mobile Number : Telephone Number :
2. Email :
3. Are you person with disabilities : YES / NO (%of disability ,if yes)
4. Are you dismissed from service or Condemned by the court of Law : YES / NO
5. Mode of Recruitment : **A**. Direct Recruitment **B**. By Deputation / Short term Contract **C**. Re-employment (Please tick the relevant option)
6. Academic and Professional Qualifications (Beginning with Graduation ) ( *add rows if required)*

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| --- | --- | --- | --- | --- |
| Qualification | Name of the University / Institute / Board  | Year of Passing | % of Marks | Class / Marks aggregate - Division |
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1. Field of Specialization :
2. Details of present employment
	1. Designation of the post held :
	2. Responsibility : Administrative / Academic / Teaching /Other

(Please tick)

* 1. Level / Scale of pay of the post :
	2. Total emoluments per month now drawn : Total :

(With break up – Basic, NPA, Others etc.)

 Basic : NPA :

 Others :

* 1. Whether present post is held on regular / tenure /

Deputation or ad-hoc basis and since when :

* 1. If on deputation, details of post held on :

Regular basis / scale of pay and since when

* 1. Name of the Organization with full address :
	2. Name and Designation of the Contact Person :

with Telephone number and email id

* 1. Category of the Organization. A. Central Government / State Government

B. PSU / Autonomous Body

C. Others (Please specify) :

1. Administrative Experience/Post(s) & Responsibilities held.*(Except Point No 16)( add rows if required)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name & address of employer/Organization / Institution | Period | Designation of the post held | Level / Scale of pay and Basic Pay (with Pay Band & GP/ NPA) | Description of work | Reasons for leaving the post |
| From | To |
|  |  |  |  |  |  |  |
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1. Academic / Teaching/Other Experience & Responsibilities in chronological order.*(Except point no. 16)( add rows if required)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name & address of employer/Organization / Institution | Period | Designation of the post held | Level / Scale of pay and Basic Pay (with Pay Band & GP/ NPA) | Description of work | Reasons for leaving the post |
| From | To |
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1. Honours/Awards & Fellowship for outstanding work: *(add rows if required)*

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| --- | --- | --- | --- |
| Name of Award / Fellowship etc. | Elected / Honorary Fellow | Awarded by | Year of Award |
|  |  |  |  |
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1. Research Projects*(add rows if required)*

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| --- | --- | --- | --- |
| Organization / Client Name | Nature of Project | Duration of Project | Amount of Grant (Rs.) |
|  |  |  |  |
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1. Publications*(add rows if required)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title & Year | Journal Name | Impact Factor, if any  | No. of Authors | Author’s Names |
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1. Why do you want to join as Director in SCTIMST?

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1. What can you contribute to SCTIMST towards fulfilment of its mission and objectives (Please be specific and indicate measurable outcomes of your proposed steps)?

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|  |

1. Achievements in your career which may support your candidature

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| --- |
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1. References

|  |  |  |
| --- | --- | --- |
|  | **Reference I** | **Reference II** |
| Name |  |  |
| Position |  |  |
| Organization / Institution |  |  |
| Email id & Telephone Number |  |  |
| Address for Communication |  |  |
| Webpage (URL) if any |  |  |

1. Total No of Publications excluding review articles ,Conference abstracts and

book chapters *(print any 10 publications of your choice and attach details as Annexure I)* : \_\_\_\_\_\_\_\_\_\_

1. Cumulative Impact Factor of all publications : \_\_\_\_\_\_\_\_\_\_
2. Number of Externally funded projects as PI*(attach details as Annexure II)* : \_\_\_\_\_\_\_\_\_\_
3. Number of Internally funded projects as PI*(attach details as Annexure III)* : \_\_\_\_\_\_\_\_\_\_
4. Number of International funded projects as PI*(attach details as Annexure IV)* : \_\_\_\_\_\_\_\_\_\_
5. Number of PhDs Trained / Training*(attach details as Annexure V)* : \_\_\_\_\_\_\_\_\_\_
6. Number of articles in Popular Magazines or news papers *(attach details as Annexure VI)* : \_\_\_\_\_\_\_\_\_\_
7. Number of presentation in International Conferences*(attach details as Annexure VII)* : \_\_\_\_\_\_\_\_\_\_
8. Number of presentation in National Conferences*(attach details as Annexure VIII)* : \_\_\_\_\_\_\_\_\_\_
9. Total No. of years in Teaching and / or Research Experience : \_\_\_\_\_\_\_\_\_\_Years\_\_\_\_\_\_\_\_\_\_Months
10. Total No. of years standing in the profession : \_\_\_\_\_\_\_\_\_\_Years\_\_\_\_\_\_\_\_\_\_Months
11. Check list of attachments required along with this application form.
12. Proof of Date of Birth : YES / NO
13. Attested copies of all Qualification Certificates : YES / NO
14. Attested copies of all Experience Certificates : YES / NO
15. Resume : YES / NO
16. Annexure ( I / II / III /IV / V / VI / VII / VII) : YES / NO

(Please tick on relevant numbers)

1. NOC / Cadre Clearance : YES / NO

(for Govt, Autonomous &PSU)

1. Vigilance / Integrity Certificate : YES / NO

(for Govt, Autonomous &PSU)

1. Consent for Technical Resignation from parent organisation : YES / NO

(for direct recruitment)

**Declaration**

I hereby declare that all statements made in the application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found untrue / false / incorrect or I do not satisfy the eligibility criteria, my candidature / appointment will be cancelled / terminated, without assigning any reasons thereof. I agree to abide by the rules, regulations and procedures for appointment to the post applied for.

Date: **(Name & Signature of the Candidate)**

Place: