

FORM A

Application Format for Filling the Faculty Positions at ATI Mysore on Deputation Basis / Consultancy basis

Advt. NoPost No.....

Post applied for.....

SECTION – A: GENERAL

1. Name in full (In Block Letters) Dr./Mr./Mrs/Ms.....

2. Date of Birth (in words).....

3. Father's/Spouse Name.....

4. Mailing Address

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.....Pin Code

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Tel. No (with STD code).....Mobile.....E-mail ID.....

5. Permanent Address.....

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..... Pin Code

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6. Marital Status.....7. Nationality.....

8. State of Domicile

9. Category: SC/ST/OBC/PWD/General.....

10. Present Employer.....

SECTION – B: QUALIFICATIONS & EXPERIENCE

11. EDUCATIONAL QUALIFICATIONS (Starting with highest degree obtained):

Sl. No.	Examination/Degree	Name of Board/ College/University	Percentage of Marks/Final Grade	Subject(s)	Year of Passing/award

(Please attach photocopies in support)

12. Whether Ph.D. awarded : Yes No If Yes, indicate the year of award.....

13. Title of Ph.D. thesis awarded.....

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14. Whether qualified UGC/CSIR NET/SLET/SET Yes No

(If yes, indicate the year, and attach a photocopy of NET/SLET/SET certificate).....

15. Details of Employment Experience: (In chronological order starting with the most recent)
(Attach separate sheet if necessary)

Sl. No.	Name of Employer/Status of Institute/University (Govt./Quasi Govt./Autonomous etc.)	Post held/ Designation	Period of Employment		Basic salary last drawn, pay scale and Grade Pay	Nature of duties
			From	To		

16. Summary of experience/performance

Teaching Experience	From	To	Total	
			Years	Months
i. Teaching				
ii. Research				
iii. Training				
iv. Field Work				

17. List of Publications / Participation and Presentation in Workshops/Seminars/Conferences etc.

a. Books / Monographs / Working papers

Sl. No.	Title	Publisher	Place	Year

b. Contributions to Books

Sl. No.	Title of the Article	Title of the Book	Editor	Publisher	Year

c. Contributions to Journals

Sl. No.	Title of the Article	Name of the Journal	Vol./No	Year

d. Contributions to Name of Newspaper / News Letter / Magazine

Sl. No.	Title of the Contribution	Name of Newspaper / News Letter / Magazine	Date

e. Book Reviews

Sl. No.	Title of the Book	Author / Editor	Journal / Magazine / Newsletter	Date of Review

f. Papers Presented at Seminars / Conferences / Workshops

Sl. No.	Title of Paper	Name of the Seminar Conference/Workshop	Sponsor	Place	Date

g. Participation (Without presentation of paper) in Seminars / Conferences / Workshops

Sl. No.	Nature of Participation (Discussant / Participation / Chairman etc.)	Name of Seminar / Conference / Workshop	Sponsor	Place	Date

h. Other Academic and Public Activities (including talks and lectures)

Sl. No.	Nature of Participation (Lectures / Committee Meetings, etc.)	Topic (if lecture)	Institution	Date

18) **Work in progress**

19 **Names of Two Referees**

DECLARATION TO BE SIGNED BY THE CANDIDATE

I hereby declare that the information given by me in the Application is true, complete and correct to the best of my knowledge and belief and that nothing has been concealed or distorted. If at any time, I am found to have concealed/distorted any information or given any false statement, my application/appointment shall liable to be summarily rejected/terminated without notice or compensation.

Date: _____

Place: _____

(Signature of the Applicant)

20 Forwarding letter from present employer of the applicant.

Forwarded with the remarks that Shri/Ms. _____ is working in this organization in the capacity as _____ from _____ to _____ and the institution/ organization has no objection to the candidature of the applicant being considered for the post applied for as above.

Place: _____

Date: _____

Fax: _____

E-mail: _____

Signature of Head of the Institution

Name: _____

Designation: _____

Address: _____

(Rubber Stamp)

FORM B

Application format for engagement as Consultant for the post of -----

I. PERSONAL DETAILS

- 1. Name:
- 2. Father's /Husband's Name:
- 3. Date of Birth/Date of Retirement / Age:
- 4. Nationality:
- 5. Mailing address (with Tel./Mob. No. and E-mail address)
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- 6. Permanent address:
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II. QUALIFICATIONS / EXPERIENCE

7. Educational Qualifications:

Sl. No.	Examination/Degree	Name of Board/ College/University	Percentage of Marks/Final Grade	Subject(s)	Year of Passing/ award

8. Work Experience:

Sl. No.	Name of Employer/Status of Institute/University (Govt./Quasi Govt./Autonomous etc.)	Post held/ Designation	Period of Employment		Remuneration	Nature of duties
			From	To		

- 1. Category: SC/ST/OBC/PH:
- 2. Any other information.....

DECLARATION

Ihereby declare that the information furnished above is true, complete and correct to the best of my knowledge and belief. I understand that in the event of my information being found false or incorrect at any stage, my candidature / appointment shall be liable to cancellation / termination without notice or any compensation in lieu thereof.

I also understand that the position is on purely temporary basis and I will not have any claim for regularization

Place:.....

Signature of the Candidate

Date: