

# INDIAN INSTITUTE OF SPACE SCIENCE AND TECHNOLOGY

(Declared as deemed to be University under section 3 of the UGC act 1956)  $Thiruvan anthapuram-695\ 547$ 

# APPLICATION FOR FACULTY POSITIONS

Advertisement No.	:	Advt No.	
Post Applied for	:		
Post Code	:		
Department	:		
1. Name in Full (Cap (As per SSLC record)	itals)		(affix passport size photo)
2. Date of Birth	:		
3. Nationality	:		
4. Sex	:		
5. Present Address	:		
Phone:	Fax N	Io.: e-mail:	
6. Permanent Address	:		
Phone:	Fax N	o: e-mail:	

#### 7. Educational Qualification (From Xth Standard onwards)

(Please attested photocopies of mark sheets and certificates and brief synopsis of the Master's & the Doctoral thesis)

Sl No.	Qualification	Subject	University/Institute / Board	Percentage/Class/ Grade	Year of Passing
1.	X				
2	XII				
3	B.Sc/B.Tech/BE				
4	M.Sc				
5	M.Tech/M.E./M.Phil				
6	Ph.D/D.Phil				

# 8. Post doctoral Experience (National/International) \*

Sl. No.	Name of Award/ Fellowship	Name of Institute/ University	Duration of program	Special Distinction If any

<sup>\*</sup> If required separate sheet may be attached as Annexures

## 9. Professional Experience (Reverse Chronological order)

Sl. No.	Position Held	Name of Institute/ University/Organization	Duration	Reason for Leaving

<sup>\*</sup> If required separate sheet may be attached as Annexures

## 10. Teaching Experience:

Sl. No.	Institute/ University	Duration	Area(s)

<sup>\*</sup> If required separate sheet may be attached as Annexures

## 11. Courses Taught:

Course No. & Title	Level (UG/PG)	Number of Times	Developed by

<sup>\*</sup> If required separate sheet may be attached as Annexures

## 12. Thesis (M.Sc/M.Tech/Ph.D.) Supervision:

(at all the organizations that you have worked with)

Sl. No.	Name	Year of completion	Title of Thesis	Co-guides(if any)

13. Sponsored Projects Undertaken:

Sl. No.	Sponsoring Organization	Title of Project	Amount of Grant and Duration	Co-Investigators (if any)

14. Industrial Consultancy/Project undertaken:

Sl. No.	Duration	Organization	Details of consultancy	Co-Investigators (if any)

15. Industrial Experience:

Sl. No.	Duration	Organization	Title of Project and Nature of work	Designation

16. Administrative Experience:

Sl. No.	Duration	Organization	Nature of Responsibility	Designation

# 17. National / International Symposium/Workshops/Winter/Summer Schools organized:

Sl. No.	Title of symposium/workshop	Sponsors	Duration	Co-convener

### 18. Publications

(Enclose reprint of the best papers (about five) in your judgement)

i. Papers published in referred International journals

Sl. No.	Author(s)	Year	Title of paper	Complete Reference of Journal

Sl. No.	Author(s)	Year	Title o	of paper	Complete Reference of Journal		
iii. Paper	s published in refe	rred Interna	tional cor	ıfe rence	proceeding	s:	
Sl. No.	Author(s)	Year	Title o	of paper	Name and Place of		
			11010 01 pup01		Con	ference/Publishers	
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iv. Paper	s published in refe	rred nationa				me and Place of	
Sl. No.	Author(s)	Year	Title of 1	paper	Conference/Publishers		
_	s presented in inter						
Sl. No.	Author(s)	Yea	Year Na		ame and Place of Conference		
vi. Book	s (List those publis			rately):			
Sl. No.	Name of book		Year of Publishing S		ıbject	Co-authors	
		1 401					
19. Paten	ts, Awards and Re	cognitions	:				
•			a.				
20. Any (	Other Relevant Inf	ormation	: Give	as an ann	nexure		
21. Name	es and Addresses o	f Three Refe	rees (incl	ıding e-r	mail/phone	)	
	f them should be fa			_	_		
i)							
1)							
Phone	۵۰			<b>F</b> _	mail :		
ii)	<b>c.</b>			12-	man .		
Phone	۵۰		E mail .				
Phone:			E-mail :				
•••							
iii)							
Phone:			E-mail:				

ii. Papers published in referred national journals

22. Present pay band and total salary :									
23. Salary Expected at HST :									
24. Have you applied for any post in HST before? If yes, please give details									
Sl.	Name of The	Area of	Advt. No.	Date of					
No.	Post	Specialization	and Date	Interview	Result				
N I	24. Family details:- Name of Spouse Educational qualifications:								
	Children: Name :		Age:						
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26.	Current Areas of Whether SC/ST/O Attach a certificat		: ty prescribed u	: nder government r	ules)				
supp And	lied to me,	have carefully reactions this form as well as			•				
There are enclosures with total of pages attached along with this form									
Date	:								
Sign	ature :								
Place	e :								
Forw	varded Through:	Head of Institut	ion/Registrar (	With Seal)					
Place	e:		Date:						

Note: The columns requiring additional sheets must be elaborated with annexures and a separate list of enclosures item wise with page numbers should precede the enclosures. All annexures should be consecutively arranged and must bear your name and signature.