# For Post of Professor/Associate Professor/Assistant Professor

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| Logo**TERI School of Advanced Studies**    **Application** **Form** | **Paste** **recent** **Photograph** **here** **and** **sign** **across** |
| **PARTICULARS** **OF** **APPLICATION** **FEE**  **Amount (Rs.)……………………………..……………………………………………………………………………………………… Transaction** **no./Receipt** **no./Acknowledge no…………………………………………Date………………………………………………… Name of Bank…………………………………………………………………………………………………………………………………………………………** | |

1. Post Applied for………………………………………………………………………………………………….……………………….
2. Advertisement No. with date:……………………………………………………………… Post Code……………………….
3. Name of the Applicant in full:……………………………………………………………………….…………………………

(BLOCK LETTERS) (First) (Middle) (Last)

1. Father’s Name: ………………….…………………………………………………………………………………………………….
2. **Contact details**
   1. Address (a)Permanent:

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(b)Address for Communication:

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* 1. Email………………………………………………………………………………………………………………….……………………
  2. Phone (Mobile):…………………………………………………….Resi/Office…………………………………………………

1. Date of birth (DD/MM/YYYY) ……………………Age: …….………(As on last date of the receipt of application)
2. Nationality by Birth ……………………………………………………………………. At Present…………………………………
3. Sex (Please Tick): Male/Female/Transgender
4. (a)Marital Status (Please Tick): Married/Unmarried
5. **Category** (Please Tick)

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| GEN | SC | ST | OBC | PwD |
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1. **Languages Known**

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| S. No | Language | Read | Write | Speak |
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1. **Academic Record:**

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| Examination/Degree | Board/Council/ University  /Other  Examination Body | Duration of the Course & Year of Passing | Division / Class with  % of Marks/Grade | Subjects / Discipline | Specialization(s) |
| 10th Standard |  |  |  |  |  |
| 12th Standard |  |  |  |  |  |
| Graduation (Honours/Major) |  |  |  |  |  |
| M.A/M.Sc./ME/M.Tech (UGC/AICTE/NCTE/Co A/PCI  recognized) (In the subject as per advertisement) |  |  |  |  |  |
| M.Phil (2 years Course) |  |  |  |  |  |
| Ph.D. |  |  |  |  |  |
| Any Other |  |  |  |  |  |

\*State the name of the degree (such as B.A/B.Sc./B.Tech, M.A/M.Sc./M.E/M.Tech etc), Honours/Major subjects in case of graduation and subject/discipline and area of specialization in case of post-graduation and for higher degrees obtained.

1. **Qualification Details (NET/ SET / SLET)**

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| --- | --- | --- | --- |
| S.No | Qualification | Year | Conducted by / accredited |
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1. **Particulars of experience in reverse Chronological order (starting from present employment)**

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| --- | --- | --- | --- | --- | --- | --- |
| Name of the Organisation | Designation & Position Held (Permanent/  temporary  /Contractual | Scale of Pay & Other Allowances | Duration | | Nature of Work | Reason for leaving |
| From (Date) | To (Date) |
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1. **Research** **Activity**
2. **Honours and Award received with name of awarding agency/government and year**

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| --- | --- | --- | --- |
| Title of the Award | Awarding Agency | Whether International/ National | Year |
|  |  |  |  |

(Should be recognized by the international agencies or the departments/agencies of national/state government; documents to be attached)

1. **Post Doctoral: (document to be attached)**

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| --- | --- | --- | --- |
| Name of the Fellowship | Funding Agency/Institute | Host Institution | Period |
|  |  |  |  |
|  |  |  |  |

1. **Research projects carried out/ongoing funded by government funding, agencies/industries or organization of National and International repute (*State* *Whether* *Sole,* *Principle* *or* *Co-Investigator)* (document to be attached)**

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| --- | --- | --- | --- | --- |
| Title of the Project | Funding Agency/ Institute | Period | Completed/On-going | Amount |
|  |  |  |  |  |
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Use additional sheet, if necessary

1. **Consultancy projects carried out/ongoing *(State* *Whether* *Sole,* *Principle* *or* *Co* *Consultant)***

**(documents to be attached)**

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| --- | --- | --- | --- | --- | --- |
| Title of the Project | Funding Agency/Institute | Period | Completed/Ongoing | Sole/Principle/ Co-Consultant | Amount |
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Use additional Sheet if necessary

1. **Number and details of Patents/Technology Transfer**:……………………………………………………………………………..

# (List details with year in an additional sheet; documents to be attached)

1. **Number of Policy documents for Government Bodies at Central & State Level** …………………………………………

(list details with years in an additional sheet; documents to be attached)

1. **Research Supervision carried out**:

………………………………………………………………………………………………………………………………………………………………………

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**Training Courses/Workshop/Refresher Course attended/organized (documents to be attached)**

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| --- | --- | --- | --- | --- |
| Title of the Course | Nature of the Course (Workshop/Refresher Course/Others) | Sponsoring/Funding Agency | Duration of the Course (State also whether attended  or organized) | Host/Organized |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Number of Paper presented in conference/Seminar**
2. **Number of Invited lectures** (including Refresher Courses, Training Courses, Orientation, Programme etc.)
3. **Publication** **(**details of all publication should be listed in additional sheet with copies of first/Title page being attached; otherwise, no credit shall be given to the numbers stated below)

# Journal Publications (UGC-CARE/ Peer reviewed/ Any other)

# Books/Monographs

# Number of Chapters contributed (published) in Edited Volumes

# Number of books publication (edited volume) with ISBN

# Number of conference/seminar publication (proceedings) with full papers with ISBN

**(a) Mapping your expertise with courses offered at TERI SAS. (Max. words – 500)**

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**(b) Teaching and Research plan for 5 years. (Max. words – 500)**

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1. **Name and Contact details of two referees**

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| --- | --- | --- | --- |
| **Name** | **Profession/Position** | **Institutional Affiliation** | **Address, email and Contact details** |
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1. **Additional Remarks, if any:**

# Declaration

I declare that to the best of my knowledge the information given is true and correct. I understand that inaccurate, misleading or untrue statements or knowingly withheld information may result in termination of my candidature.

Date:………………………

Place:……………………. Signature of the Applicant

Enclose the following testimonials (Self-attested) with the **original** **Application** **Form:**

1. Photocopy of Age Proof vide Serial No: 6
2. Photocopy of Caste Certificate vide Serial No: 10
3. Photocopies of all testimonials – vide Serial No: 12
4. Photocopies of Particulars of experience vide Serial no: 13
5. Photocopies of publications vide Serial No: 15

**Application** **sent** **in** **any** **other** **format** **is** **liable** **to** **be** **rejected.**