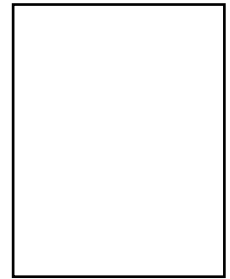


# Indian Institute of Management Raipur

GEC Campus, Sejbahar, Raipur 492 015  
Tel: +91-771-2474603 Fax: +91-771-2474604



## Application Form for Faculty Position

Position Applied for --Select--

Area of Specialization --Select--

Have you applied before to IIM Raipur --Select--

If yes, provide date of application

### Personal Details

Name

Father's/Husband's Name

Date of Birth

Gender (M/F) --Select--

Marital Status --Select--

No. of dependents --Select--

Aadhar No.

Email

Mobile No.

Telephone No.

Fax No.

Mailing Address

Nationality

Category

--Select--

Teaching Interests

Areas of Research Interests

Objectives for applying at IIM Raipur

Educational Qualifications recognized by AIU/UGC/any other statutory body or parity (in reverse chronological order)

Sl. No.	Examination Passed	University/ Institution	Subjects	Year of passing	Percentage of Marks	Class/ Division	Part Time	Full Time
1								
2								
3								
4								

Detail of Ph.D./Equivalent recognized by AIU/UGC/any other statutory body or parity

Sl. No.	University/ Institution	Topic of Ph.D./ Equivalent	Year of passing	Part Time	Full Time
1					
2					

Courses (Subjects) Taught

Sl. No.	Course (Subject) Title	Organization / Institution	Level (UG / PG)	Participant Feedback (If available)
1				
2				
3				

Full time Work experience (in reverse chronological order)

a) Post Ph.D.

Sl. No	Name of the Employer	Period of Service		Position/ Designation	Scale of Pay & Basic Pay	Reason for leaving
		From	To			
1						
2						
3						
4						

b) Pre Ph.D.

Sl. No.	Name of the Employer	Period of Service		Position/ Designation	Scale of Pay & Basic Pay	Reason for Leaving
		From	To			
1						
2						
3						

Total work experience in years

Total Work Experience as Assistant Professor / Associate Professor in

years Total Post-Ph.D. Teaching experience

- At P.G. Level in years

- At U.G. Level in years

Any other (please specify) in years)

**Publications**

a) Article published in ABS / ABDC ranked journals:

Sl. No.	Authors	Year	Title of Paper	Journal Name	ABS / ABDC	Vol.	No.
1							
2							
3							
4							

b) Conference Papers:

Sl. No.	Authors	Year	Title of Paper	Conference Name	Conference details
1					
2					

c) Books Authored / Edited:

Sl. No.	Name of Book	Authors	Publisher	Year of Publication
1				
2				

d) Details of others publication and Research Works

d) Details of Research Project Undertaken

Sl. No.	Name of Research Project	Co-Investigator	Funding Agency/Amount	Status
1				
2				
3				

e) Ph.D. / FPM Supervision:

Sl. No.	Scholar's Name	Year of Registration	FPM/Ph.D. Topic	University/ Institution	Co-supervisor	Status
1						
2						
3						
4						

MDPs/Workshops/Seminars/Consultancy conducted:

Sl. No.	Topic of MDP	Duration	Dates	Organisation/Place
1				
2				
3				
4				

Experience of Administrative Responsibilities in Academic Institutions:

Name of the Institution	From	To	Administrative Position	Major responsibility

Any other information you may wish to add:

Professional References (Two)

Name:	Name:
Address:	Address:
E-mail:	Email:
Mobile:	Mobile:

Declaration:

I declare that the foregoing information is correct and complete to the best of my knowledge and belief and nothing has been concealed/ distorted. If I am found to have concealed/distorted any material information, my application shall be liable to summarily termination without any notice. If offered appointment, I will join on specified date and subsequently take up IIM Raipur's assignment anywhere as and when required.

Date:

Place:

Signature of the Candidate