**APPLICATION FORM FOR FACULTY**

1. NAME OF CENTRE IFS APPROVAL NO.-

DATE OF APPROVAL-

1. GENERAL DETAILS
2. NAME OF FACULTY MEMBER(full in block letters)-
3. IFS membership no.-
4. Date of birth –
5. Full mailing address-

PIN CODE-

1. Telephone no.
2. Email id
3. Meddical council registration no. with state
4. POST APPLIED FOR - senior faculty

(tick mark) Junior faculty

1. Educational qualifications
2. Category 1- Degrees/ additional courses done

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| --- | --- | --- | --- | --- |
| S no | Examination /degree | Name of university | Year of passing |  |
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1. Category B – (details of work experience/ teaching experience

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| --- | --- | --- | --- | --- |
| S no | Name of employer/ institute in which worked | designation | Duration(from to) |  |
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Please attach certificates, attach separate sheet if necessary

1. Category C – research/ academic contribution

C1- Research articles/ papers published in journals, conferences-

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| --- | --- | --- | --- | --- |
| S no | Title of research article | Name of journal | Whether author/co author | Month & year of publication |
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C2- Research chapters/ books

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| --- | --- | --- | --- | --- |
| S no | Title of book/ chapter | Author/ co author | Name of publisher | Year & month of publishing |
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C3 – Research projects done/ undertaken

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| --- | --- | --- |
| SNO | Title of research project | Year in which done |
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C4 – Research guidance- no. of scholars who have been awarded any degree under your guidance

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| --- | --- | --- |
| Name of degree | Submitted | awarded |
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C6 – Papers published in regional/ national / international conferences

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| --- | --- | --- | --- | --- |
| Sno | Title of paper | Name of conference | City/country | Date/year |
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C7- Membership of societies-

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Any other information –

I hereby state that the above information is true to the best of my knowledge and belief.

Date - signature

Place name

List of enclosures