**INDIAN INSTITUTE OF INFORMATION TECHNOLOGY RAICHUR**

APPLICATION FOR FACULTY POSITION

**(To be mailed to faculty.app@iiitr.ac.in)**

Rolling Advertisement

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| --- | --- | --- | --- |
| Post Applied for |  | Regn. No.  (To be filled in by IITH) | Photograph (Paste a JPG file for soft copy submission) |

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| Department: (separate Application forms to be filled, for each Department and post, if applying for more than one) | | | | | | | | | |
| 1. | Name (in block letters) : | | | | | |  | | | | | |
| 2. | Address for correspondence  (including mobile No.) : | | | | | |  | | | | | |
| Email Address: | | | | | |  | | | | | |
| 3. | Nationality Age Date of birth  dd/mm/year | | | | | | | | | | | |
| 4. | Education Qualification | | | | | | | | | | | |
|  | Degree | | Year | | | University / Institute | | CGPA /  Percentage | Specialization | | | |
| Ph.D. (Date of Defence) :  (DD-MM-Year) | |  | | |  | |  | Thesis Title: | | | |
| Masters: | |  | | |  | |  |  | | | |
| Bachelors: | |  | | |  | |  |  | | | |
| (Add more rows if needed) | | | | | | | | | | | | |
| 5. | Research Areas of Specialization (Present) :  Post Doctoral Specialisation : | | | | | | | | | | | |
| Future Areas of Research interest : | | | | | | | | | | | |
| 6. | Present position, with salary details  Position  Pay Band (if applicable)  Grade Pay (if applicable)  If pay band, grade pay not applicable, then consolidated salary | | | | | | | |  | | | |
| 7. | Research/Teaching/Industrial Experience in chronological order.   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Sl. No. | Institute/Organisation/Designation | Start Date  (dd/mm/yy) | End Date  (dd/mm/yy) | Total Period | Type of  work | | 1 |  |  |  |  |  | | 2 |  |  |  |  |  | | 3 |  |  |  |  |  | | 4 |  |  |  |  |  | | 5 |  |  |  |  |  | | (Add more rows if needed) | | | | | | | | | | | | | | | | | | |
| 8. | Awards/Honours : | | | | | | | | | | | |
| 9. | Publication details (give numbers) (Attach list of publications) | | | | | | | | International | | | National |
| * Journal Papers (without review artciles) | | | | | | | |  | | |  |
|  | * Review articles | | | | | | | |  | | |  |
|  | * Refereed International/National Conference Proceedings | | | | | | | |  | | |  |
| 10. | Books Published (Attach list of Books) (give numbers) | | | | | | | |  | | | |
| 11. | Patents (Attach list of Patents) (give numbers)  Filed/Granted | | | | | | | |  | |  | |
| 12. | Contribution to standards (if any) | | | | | | | |  | | | |
| 13. | Products developed/ Technology Transfers (if any) | | | | | | | |  | | | |
| 14. | H-index | | | | | | | | Specify Source (eg. scopus, web of science, google scholar) | | | |
| Citations  (without self citation) | | | | | | | |  | | | |
| i-10 index | | | | | | | |
| 15. | PhD Guidance: (Please provide details in a separate sheet with name of the student, date of PhD defence, title of the PhD thesis, and as Supervisor or as Co-Supervisor) | | | | | | | | | | | |
| (a) | Number of PhD students graduated under your individual Supervision: | | | | | | | |  | | | |
| (b) | Number of PhD students graduated under your co-Supervision: | | | | | | | |  | | | |
| (c) | Current affiliation of your graduated PhD students (name, affiliation) | | | | | | | | Provide list | | | |
| 16. | Number of Master’s (MTech/MSc/MS/MPhil/MA) students guided by you. | | | | | | | |  | | | |
| 17. | Details of sponsored Projects | | | | | | | | | | | |
| Title of the Project & type (sponsored/ consultancy | Name of the Funding Agency | | | Amount (Rs. Lakhs) | | | | Duration | | | Pl or Co-Pl |
|  |  | | |  | | | |  | | |  |
|  |  | | |  | | | |  | | |  |
| (Add more rows if needed) | | | | | | | | | | | |
| 18. | Teaching experience: No.of years | | |  | | | | | | | | |
| Courses taught UG/PG level. | | |  | | | | | | | | |
| 19. | Name of at least three Referees with complete contact details including Address, Tel. Nos/email address. | | | | | | | | 1. | | | |
| 2. | | | |
| 3. | | | |
| 20. | Information should be provided with documentary evidence (where required) (Tick the box) (√) | | | | | | | | | | | |
| Persons with Disability  OBC  Scheduled  Tribe  Scheduled  Caste | | | | | | | | | | | |
| 21. | Any other relevant information | | | | | | | | | | | |
| 22. | List of Enclosures | | | | | | | | 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| |  |  | | --- | --- | | Name of the applicant |  | | Signature of the applicant |  |     Date  Place | | | | | | | | | | | | |