

ICFAI University, Mizoram
Durtlang North, Aizawl, Mizoram-796025
Email : aizawl@iumizoram.edu.in
www.iumizoram.edu.in

APPLICATION FORM FOR ASSISTANT PROFESSOR

Department:		Affix a recent passport size photograph here
1. Name in full (In Block Letters):	Dr./Mr./Mrs/Ms	
2. Date of Birth (DD/MM/YYYY): 3. Father'sName:		
4. Mailing Address:		
	Pin Code	e
	Tel. No (with STD code)Mob	
5. Permanent Address		
	Pin Code	e
6. Marital Status:		
7. Nationality: 8. State of Domicile: 9. Religion:		
10.Whether qualified UGC NET/SL (If yes, indicate the year, and attach	_ET ☐ Yes ☐ No a photocopy of NET/SLET/SET certificate)	
11. Whether Ph.D. awarded: (If Yes, indicate the year of award:		
12. Title of Ph.D. thesis awarded:	-	

1	3.	Aca	den	nic	Det	tails

Examination/ Degree	Board/ University/ Organization	Subjects/ Specialization	Year of Passing	Division/ Marks in %
High School/ Secondary				
Higher Sec./Sr.Sec/ Intermediate				
Bachelor's degree				
Master's degree				
M.Phil				
Ph.D. degree				
Post Doctorate				

14. Details of Employment Experience: (Attach separate sheet if necessary)

S.No	Name of Employer/Status of Institute/University (Govt./Quasi Govt./Autonomous etc.)	Post held/ Designation	Period of E	mployment	oyment Basic salary last drawn, pay scale and Grade Pay		
	Govi./Autonomous etc.)		From	То			

15. Co-curricular, extension and professional development related activities

1) Student related co-curricular, extension and field based activities (such as extension work through NSS/NCC and other channels, cultural activities, subject related events, advisement and counseling).

SI No.	Description

SI No.	Description					
	Professional develop training courses, talk etc.)	oment activities (s s, lectures, memb	uch as participation pership of association	in seminars, ons, dissemina	conferences ation and ger	, short term, neral articles,
SI No.	Description					
16. R	Research Publications (a) Books- Self authore	ed/co-authored/e	edited/Please attac	h senarate sh	eet if neces	sarv)
SI. No.	Title of the Book (s)	Whether Sole Author or Co-author	Name of Publisher (with city/ country)		Refereed or Non- refereed	ISBN/ ISSN No.

2) Contribution to corporate life and management of the department and institution through participation in academic and administrative committees and responsibilities.

(b) Chapters contributed in edited books (Please attach separate sheet, if necessary)

SI.No.	Title of Chapter (s)	Title of the Book(s)	Whether Sole Author/ Co- author	Name of Publisher (with city/ country)	Month & year of Publication	ISBN/ ISSN No.

(c) Research Articles/Papers published in Journals /Periodicals /Conference

proceedings/Newspapers (Please attach separate sheet, if necessary)

SI.No.	Title of research article / paper(s)	Name of journal (with city/ country)	Whether Sole Author/ Co- author	_	Whether Refereed/ non- refereed	ISBN/ ISSN No.	Level (Int./ Nat./ State/ Local)	Impact Factor

17. Research Projects Undertaken (other than that for a research degree)

(Please attach separate sheet, if necessary)

SI.No	Title/Subject of Research Project(s)	Whether major or minor project	Date of Commencement	Date of Completion	Total Grants / Funding received (Rs.)	Name of Sponsoring/ Funding Agency	Whether Outcome / Outputs sent to Sponsoring Govt. Agency	Whether final report published as monograph book

19. Papers presented in Regional/National and International Seminars/Conferences / Workshop/ Symposium. Indicate whether the Conference Proceedings are published. (Please attach separate sheet, if necessary) SI.No Title/Subject of paper Subject Organizing Duration Whether the Conference Institution/ presented proceedings and From __ to__ Seminar City/ published Yes/No Name of Symposium Country Workshop 20. Lecture/Special Lectures in Institutions of repute within the country and outside. (Please attach a separate sheet if necessary) Title/Subject of Lecture delivered Duration SI. No. Name and Place Date of Institution Lecture

Refresher Course, Methodology, Workshops, Training, Faculty Development Programs, etc.

Sponsoring Institution

Duration
From___to__

attended. (Please attach separate sheet, if necessary)

Name of Course attended

18.

SI.No.

21. List of Enclosures:								
	of Mark-sheets & certificate ET/SLET/SET etc.	of educational Qualification	& certificate of					
` ' '	(b) Copies of certificate of Teaching & Research experience.							
	publications with details, represent accepted papers/article		d acceptance					
(d) Copies	of other relevant certificate	& documents						
22. Name and contact de								
Name	Profession/Position	Institutional Affiliation	Address and Contact					
23. Declaration								
I certify that the above information is correct and complete to the best of my knowledge and belief and nothing has been concealed / distorted. If at any time it is found that any information is false concealed / distorted then, my appointment shall be liable to summarily termination without any notice / compensation & criminal case may be initiated against me under the relevant provision of Indian Penal Code and other laws as applicable.								
Place: Date:		Signatu	ure of Candidate					