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



Guest Faculty Application Form

Department							
I				CANDIDA	TE		
(Informa	ation)						
Name							
(In block	k letters)						
Address							
Email							
Mobile							Attached your
Date of	Birth						passport size
Sex							photo here
Categor							priotoriere
(SC/ST/OBC)							
II. Whether Person with Disability Yes No							
Category							
***					- 1161 -1		
III					Qualification		
SI. No	Description		In	stitution		Year of Passing	Aggregate Marks %
	Class X						
	Class XII						
	Graduation						
	Post Graduation						
	Ph.D.						
	Other Qualifications						
	(if any)						

SI. No Test / Exam Year of Qualification Work Experience Institution / Organization with Address From To Years Pay Designation / Nature of Work Pay of Work	IV	Qualification in NET/SLET/SET or equivalent test / exam						
Institution / Organization with Period of Service Total No. of Basic Designation / Nature	SI. No							
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		Address	From	То	years	Pay	of Work	

Note: All Particulars should be supported by relevant documents

VI	List of Enclosures

VII	List of Publications and Contributions (To be enclosed in separate sheets)
1	Publications:
	a) Peer reviewed and refereed journal
	b) Other Publications
2	Notable Contributions:(e-content/internship supervision/start-ups/innovation/consultancy
	etc.)

Declaration							
I certify that the information presented in this employment application form and other application material is accurate, complete and honestly presented. I understand and agree that any inaccurate information, misleading information or omission will be caused for the rescission of any offer of employment or for disciplinary action or dismissal if discovered at a later date. I agree to abide by ICFAI Code of Ethics in letter and spirit.							
I agree to abide by the Rules and Regulations covering the employment with ICFAI. I clearly understand that the jurisdiction for all the disputes is Hyderabad, India.							
Place:					Signat	ture of	the Applicant
Date:	Date: Name:						
FOR OFFICE USE ONLY							
	Selected		Waitlisted				Rejected
SIGNATURE AND NAME OF THE SELECTION COMMITTEE MEMBERS							