

**NATIONAL INSTITUTE OF TECHNICAL TEACHERS TRAINING &
RESEARCH, CHANDIGARH**

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APPLICATION FORM FOR THE POST OF PROFESSOR

(Advt. No. _____, dated _____)

Department/Centre: _____ Specialization: _____
(Applied for) (Please specify your specialization)

Fee Details:

(Enclose the caste certificate/ Medical certificate for claim of reservation and separate DD for each applied posts)

Draft No. _____ Date _____ Amount _____ Bank Name _____

(A): General Information

1. Name in Full :
(in block letters) (as indicated in Matric/Secondary School certificate)

2. Date of Birth (DD/MM/YY) :
Age as on closing date Years:_____ Months:_____ Days:_____

3. Nationality :

4. Gender *(Please specify)* :

5. Marital Status *(Please specify)* :

6. Category *(Please specify)* :
(SC/ST/OBC/EWS if applicable)

7. Father's Name/ Husband's Name :
and Mother's name

8. Present position & Department :

9. Date of joining to the present post :

10. Address for Correspondence : _____

E mail : Mobile:
Landline : Fax:

11. Permanent Address : _____

12. Academic Qualifications
(From Highest to Matric)

Sl No	Exam passed	University/ Board/ Institution	Month/ Year of passing	Discipline In which degree is awarded	Specialization (If any)	% of Marks/ *CGPA	Class / Division	Rank/ Position in University/ Award If any
1								
2								
3								
4								
5								

* Please specify the percentage of marks upto two decimal place

* In case of CGPA / CPI, please give marks in percentage along with the conversion formula of the University

* A certificate from University stating that the candidate fulfils UGC regulation 2009 for award of Ph.D degree

13 : Experience (starting from the recent one)

A. Total Experience in Teaching :

Name & address of employer/ Inst.	Period of service		Designation & Department	Scale of Pay	Total period of employment	Certificate enclosed (Yes/No)
	From	To				

B. Experience as Associate Professor

Sl. No.	Name of the Organisation Govt./Pvt. Please specify	Period of Service		Designation & Scale with Grade pay & Department	Total period of employment (Years, Months & Days)	Certificate enclosed (Yes/No)
		From	To			
1.						
2.						
3.						

C. Experience in R&D organization or industry if any:

Sl. No.	Name of the Organisation Govt./Semi Govt etc. Please specify	Period of Service		Designation & Scale with Grade pay & Department	Total period of employment (Years, Months & Days)	Certificate enclosed (Yes/No)
		From	To			
1.						
2.						
3.						

Note: Experience certificate from the employer is required to be attached. Salary slip, offer letter, joining report etc. shall not be considered as proof of experience. Experience claimed without attaching proof shall not be considered.

14. Research Activities

A Research Papers in Journals :

Sl. No.	International Journals No. of Papers			National Journals No. of Papers		
	SCI	AICTE	UGC	SCI	AICTE	UGC

Note: * The details to be attached in a separate sheet.

* Hard copies of the published papers must be attached with the application. A soft copy of published paper should be emailed to establishment@nitttrchd.ac.in. The file name of the softcopy should be mentioned on the forwarding letter attached with the hard copy of the application. Photocopy / Screenshot print indicating SCI/UGC/AICTE Index/listing Number should be attached.

B Research Papers presented in Conference / Seminar :

Sl. No.	No. of Conference/ Seminar		Year
	International	National	
1	Held in India	Held abroad	
2			
3			

Note: * The details to be attached in a separate sheet.

* Hard copies of the published papers must be attached with the application. A soft copy of published paper should be emailed to establishment@nitttrchd.ac.in. The file name of the softcopy should be mentioned on the forwarding letter attached with the hard copy of the application. Photocopy / Screenshot print indicating SCI/UGC/AICTE Index/listing Number should be attached.

C Research/ Consultancy Projects:

(i) Research Projects/Consultancy Undertaken (Sponsored by external Govt. agencies):

Sl. No.	Name of the Project/ Consultancy	Sponsoring Agency	Role	Amount sanctioned	Status
1.					
2.					

(ii) Research Projects/Consultancy Undertaken (Sponsored by Institute/Local bodies/ Pvt. Organizations)

Sl. No.	Name of the Project/ Consultancy	Sponsoring Agency	Role	Amount sanctioned	Status
1.					
2.					

D Research Guidance:

(i) Completed (Give Detailed List): Ph.D/ M.Tech/ M.Phil

Sl. No.	Name of the Student with Regd. No.	Title of the thesis	Discipline & Faculty & Name of the University	Awarding year (if in progress expected year of Submission)

(ii) Under Progress (Give Detailed List): Ph.D/ M.Tech/ M.Phil

Sl. No.	Name of the Student with Regd. No.	Title of the thesis	Discipline & Faculty & Name of the University	Awarding year (if in progress expected year of Submission)

15. Awards / Honours received :

	Title of Awards/ Honours	Year	Awarding body
International			
National			
State			
Professional bodies			
Any other			

16. Membership of Professional Society :

(i) _____

(ii) _____

(iii) _____

17. Subjects taught in ME/ M. Tech/ Master level (in last 3 years) & year of teaching experience in Master level:

(i) _____

(ii) _____

(iii) _____

18. Short-term training Conducted/ Attended :

Sl. No.	Name of the Short-term training/FDP	Funded by	Period		Venue	Role
			From	To		
1						
2						
3						

19. Conference/ Seminar Conducted/ Participated as Chair/Co-Chair/Invited Speaker/ Presenter/Participant

Sl. No.	Name	Funded by	Period		Venue	Role
			From	To		
1						
2						
3						

20. Course/ Instructional materials developed :

Sl. No.	Nature of Materials : Books, Lab Manuals, Videos, Self learning material, any other (pl. mention)	Title	Published Media
1			
2			
3			

21. (A) Administrative Experience (As Dean, H.O.D., Controller of Examination, Registrar Any other (pl. specify) etc.

Sl. No.	Position held	Department/ Organisation	Period		Job Performed
			From	To	

22. List of documents enclosed:

1. _____
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____
 7. _____
 8. _____
 9. _____
 10. _____
- :

23. Write your vision and action plan to map the institute activities with industry needs, in maximum 100 words.**24. Any other relevant information:****25. Undertaking:**

I certify that the foregoing information provided by me is correct and nothing has been concealed / distorted. If at any time, I am found to have provided incorrect information/concealed / distorted any information, my appointment will be liable to be terminated without notice and I will be liable to disciplinary action/ penalty as decided by the competent authority. I will perform the duties as assigned by the authority based on the requirement of the institute if offered with the appointment against the said post.

Place :

Date :

Full Signature of the Candidate

26. Certificate from the forwarding authority:

I certify that the information provided by..... (Name of the candidate) in this application form is correct as per record available with the organization.

Signature of the authority (Principal/Director)

APPENDIX

(i) Paper published in SCI index journals

Sl. No.	Title of the paper	Journal	Vol., Issue and Year of Publication	Author's ranking	Link to verify SCI status

(ii) Paper published in UGC/AICTE approved journals, excluding Sl. No.1 above

Sl. No.	Title of the paper	Journal	Vol., Issue and Year of Publication	Author's ranking	Link to verify UGC/AICTE listing

(iii) Papers published other than above Sl. No. 1 & 2 above

Sl. No.	Title of the paper	Journal	Vol., Issue and Year of Publication	Author's ranking	Link to verify index/listing

Signature of the Candidate