

Shree Chanakya Education Society's

Indira College of Engineering and Management

(Affiliated to the University of Pune, recognized by Govt of Mah. & approved by AICTE.)

S.No. 64, 65, Gat No. 276, At Post – Parandwadi, Tal. Maval, Dist. Pune Pin – 410506 (India) I. D. No. PU/PN/Engg/282(2007) Tel: 02114 – 661500 Fax No. 02114 – 661700 Website: - www.indiraicem.ac.in E-mail:info@indiraicem.ac.in For Office use only **Qualifications:** Ph. D M. Tech M.E. M.B.A M.Sc. M.C.A B. E. B. Tech B.Sc **Category: OPEN OBC SBC** VJ DT/NT STSC 1. Post Applied For (Designation):..... Photograph 3. Category: OPEN / OBC / SBC / VJ / DT / NT / ST / SC 4. Applicant's Name: 5. Date of Birth: DD...... MM......YY...... Nationality:..... 6. Address: Mobile: E-mail ID: 7. Educational Qualifications:

Sr. No.	Examination Passed	Board / University	Month & Yr of Passing	Total Marks / Out of	%	Class / Grade
1.	B.E. / B. Sc					
2.	M. Tech / M.E. / M. Sc.					
3.	M.B.A. / M.C.A.					
4.	Ph. D.					
5.						

8. Teaching Experience:

Sr. No.	Name of the Institute	Period			Designation & Last Salary	Subject taught
		From	To	No. & date	drawn	_
1.						
2.						
3.						
4.						
5.						

9. Industrial Experience:

Sr. No.	Name of the Industry	Period		Place	Designation & Last Salary	Job entrusted
		From	To	1	drawn	
1.						
2.						
3.						
4.						
5.						

10. Membership of Professional bodies:

Sr. No.	Name of the Professional body	Type of membership	Membership No.	Validity
1.				
2.				
3.				
4.				
5.				

11. Publications *:

Sr. No.	Conference / Journals	No of Papers	Remarks
1.	National Conference		
2.	National Journals		
3.	International Conference		
4.	International Journals		
5.			
	ach a list of publications separately giving detai		
12. Proj	ects and consultancy assignments	(if any):	
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13. Extr	a curricular activities (if any):	•••••	
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14. References:

Sr. No.	Name	Tel. / Mobile	E-Mail ID
1.			
2.			

13. Present Salary:
14. Expected Salary:
To the best of my knowledge and belief the information given above is correct and no part of the information is being suppressed by me. If any of the information given above is found incorrect, I shall be held responsible and liable for its consequences.
Place:
Date: / /200
(Name & Signature of the applicant)

Note: 1. Incomplete application with insufficient data will be summarily rejected.

2. Do not attach the copies of testimonials.