

SARANATHAN COLLEGE OF ENGINEERING

Venkateswara Nagar, Panjappur

Tiruchirapalli – 620 012

APPLICATION FORM FOR RECRUITMENT OF TEACHING FACULTY

Academic Year _____

Affix your photo
here

Reference: Advertisement (Paper Name) _____ Dated on _____

For the post of

 Professor

 Associate Professor

 Assistant Professor

Note : Please "√" mark at the appropriate box

Name of the Department : _____

1. PERSONAL DETAILS

Title	(Dr./ Mr./ Mrs./Ms.)		
Name			
Name of the Father / Mother / Husband		Occupation and Address	
Sex	Male / Female	Blood Group:	
Marital status		No. Of Children if married:	
Date of Birth & Age	Date of Birth (DD/MM/YYYY)	Age	
Place of Birth & District			
Religion		Nationality	
Community	<input type="checkbox"/> OC <input type="checkbox"/> BC <input type="checkbox"/> MBC <input type="checkbox"/> SC <input type="checkbox"/> ST	Note : Please "√" mark at the appropriate box	
Are you differently abled?	Yes / No	If yes, please give details	
Permanent Address		Address for Communication	
Phone Number / Mobile Number	Land Line with STD Code :	Mobile No.	
Email Id			
PAN Number		AADHAAR NO.	
Previous PF No. If any		Previous PF UAN if any	

* Attach photo copies of PAN and Aadhaar cards

2. ACADEMIC QUALIFICATIONS *

(Commencing with the High School or an equivalent Examination)

Sl. No	Course/Degree	Specialization	Year of Passing	FT / PT / DE / Week End	Class / Distinction	% of Marks / CGPA	Name of the Institution	University
1								
2								
3								
4								
5								
6								

* Attach photo copies of relevant certificates (hard copy only)

GATE Score & Year = _____ (in case of B.E./B.Tech.) NET Score & Year = _____ (in case of M.Sc.,M.A.)

SLET Score & Year = _____ (in case of M.Sc./M.A.) & Year of Passing: _____

3. EXPERIENCE:TEACHING / RESEARCH / INDUSTRIAL

(Give particulars in descending order starting with the present post.)

Sl.No	Name of the Employer (i.e. Colleges,Schools,Industries etc.)	Post Held	Period of Employment		Experience		Nature of Duties/Work
			From (dd/mm/yyyy)	To (dd/mm/yyyy)	Years	Months	
1							
2							
3							
4							

* Attach photo copies of relevant certificates with hard copy only

Faculty Code Given by C.O.E, Anna University (Last working Institutions)	Faculty Code Given by A.I.C.T.E. (Last working Institutions)

DETAILS OF PUBLICATIONS

4.1 No of Publications in refereed Journals *

International : National :

4.2 No of Publications in Conferences*

International : National :

4.3 Books Published* :

* Details may be enclosed separately with hard copy only

5. COMPLETED / ONGOING RESEARCH PROJECTS

5.1 Completed Research Projects

Sl.No.	Title of the Project	Name of the Funding Agency	Time Period	Grant / Amount Utilized (Rs. In Lakhs)

5.2 Ongoing Research Projects

Sl.No.	Title of the Project	Name of the Funding Agency	Time Period	Grant / Amount Sanctioned (Rs. In Lakhs)

6. DETAILS OF PROJECT / RESEARCH GUIDANCE

Degree and Programme	No. of Student(s) / Scholar(s) Enrolled	Project / Thesis Submitted	Degree Awarded
B.E / B. Tech.,			
M.E / M. Tech / M.S.,			
Ph.D.,			

7. Patents / Awards / Recognitions obtained: If any, please give details

8. Industrial Consultancy offered:

9. MEMBERSHIPS IN PROFESSIONAL BODIES / REPUTED SOCIETIES

Sl. No	Professional Bodies / Societies	Membership Type	Membership Number	National / International

10. INTERNATIONAL EXPOSURE

Sl.No	Country Visited	Period of Visit		Purpose of Visit
		From (dd/mm/yyyy)	To (dd/mm/yyyy)	

11. LANGUAGES KNOWN (Please “√” mark at the appropriate box)

Sl.No	Language Known	Speak	Read and Write	Speak, Read and Write
1	Tamil			
2	Telugu			
3	English			
4	Hindi			
5	Other(s)			

12. Name, Address of the three persons to whom confidential reference could be made (not related by blood or marriage. They should be in a position to report your Suitability for the position you’re seeking now).

Sl. No	Name of the Referee	Designation	Address of the Organisation	E-Mail ID	Contact Number

13. Additional responsibilities held in previous organisation, if any

14. Significant contributions made in the previous organisation, if any

5. a. Last total salary drawn:

b. Total salary expected :

16. Any other Information you would like to Present for consideration in support of your candidature (Use separate sheet if necessary)

I hereby declare that all the information given in this application is true to the best of my knowledge and belief. I understand that if any of the information furnished by me above is found to be false at any time, the college can summarily reject / terminate my candidature / service at any point of time.

Place:

SIGNATURE

Date:

Name :

For office use only.

Scrutinizing Committee verification:

Name	Signature	Remarks

FACULTY SELECTION COMMITTEE RECOMMENDATIONS

A. Selected / Not Selected :

B. Post Fixed for which recommended in the order of merit :

C. Salary recommended :

Selection Committee Members:

Sl. No	Name	Signature
1.		
2.		
3.		
4.		
5.		

Approved By:

VICE- CHAIRMAN

CHAIRMAN