|  |
| --- |
|  |
| Namakkal – Trichy Main Road, Tholurpatti (Po), Thottiam (Tk), Trichy (Dt) – 621 215Telephone: 04326 – 277571, Tele Fax: 04326 -277572Mobile No: +91 8012 50 50 00 / +91 8012 50 50 85 E –Mail: careers@kongunadu.ac.in / www.kongunadu.ac.in |

###

###

|  |  |
| --- | --- |
| APPLICATION FORM FOR FACULTY POSITION | **Affix Photo** |
| **Post : Department :**  |
| **PERSONAL DETAILS**  |
| **1. Name:** |
| **2. Father / Husband Name:** |
| **3. Date of Birth:** | **4. Age:** |
|

|  |  |
| --- | --- |
| **Male** | **Female** |

**5. Sex:** | **6. Nationality:** |
| **7. Religion:** | **8. Community : FC / BC / MBC / SC / ST** |
| **9. Caste :** | **10. Marital status :** Married / Un-Married If married, **Spouse:** Employed / Unemployed **No. of Children** : |
| **11. Address for Communication :** **-----------------------------------------------------------------------------------** **-----------------------------------------------------------------------------------** **--------------------------------------------- Pin Code :---------------------****Phone No. with STD Code: ----------------------------------- Mobile No: ---------------------------------****Email ID**. : ----------------------------------------------------------------------------------- |

### ACADEMIC QUALIFICATIONS

| Sl.No | Degree | Specialization | Yearof Passing | Full time / Part time / Distance Education | Class / Position  | Agg.% / CGPA | Institution  | University |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. |  |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |  |

### PROFESSIONAL EXPERIENCE

### Teaching– chronological order

| Sl.No. | Designation | Institution  | Duration | Experience (in years) |
| --- | --- | --- | --- | --- |
| From | To |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
|  |  | **TOTAL** |  |

#### Others (Industry) – chronological order

| Sl.No | Designation  | Institution  | Duration | Experience(in years) |
| --- | --- | --- | --- | --- |
| From | To |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
|  |  | **TOTAL** |  |

**Skill Development Programmes**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **­­­­­****Programme** | **FDP** | **STTP** | **Workshop** | **Seminar** | **Conference** | **Total** |
| 1 | Number of Programme Attended |  |  |  |  |  |  |
| 2. | Number of Programme Organized  |  |  |  |  |  |  |

**Publications**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl. No.** | **Publications** | **International** | **National**  | **Total** |
| 1 | Number of Journal  |  |  |  |
| 2. | Number of Conference  |  |  |  |
| 3 | Number of Book  |  |  |

### ANY OTHER INFORMATION

I declare that the above particulars furnished by me are true to the best of my knowledge

Place: **SIGNATURE OF THE CANDIDATE**Date: [With Name]