



**SESHADRIPURAM EDUCATIONAL TRUST**

**Seshadripuram Institute of Technology**

Mysuru – 571311  
Office of the Principal

Application for the post of \_\_\_\_\_

Department: \_\_\_\_\_

1. Name in full (in Block Letters) \_\_\_\_\_

2.

**i. Permanent Address:**

\_\_\_\_\_  
\_\_\_\_\_

**ii. Present Address:**

\_\_\_\_\_  
\_\_\_\_\_

3. Cell No. \_\_\_\_\_ Email ID \_\_\_\_\_

4. Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_

5. Aadhar No. \_\_\_\_\_

6. Nationality \_\_\_\_\_, Sex \_\_\_\_\_, Marital Status \_\_\_\_\_

7. Academic qualification commencing from matriculation or equivalent examination:

Sl. No.	Qualification	Name of the Institute	University / Board	Year of Passing	Division with CGPA / Percentage	Specialization
1.	Ph.D					
2.	ME /M.Tech/MSc					
3.	BE / B.Tech/BSc					
4.	2 <sup>nd</sup> PUC /+2					
5.	Xth Std / SSLC					

8. Experience (with earliest in the 1<sup>st</sup> Row):

Sl. No.	Organization	Designation	Period	From	To	Total
1.						
2.						
3.						
4.						

Affix  
Photograph

9.

a. **Are you currently in service:** Yes / No.

b. **If, Yes**

- i. Designation:
- ii. Organization:
- iii. Since when?
- iv. Scale of Pay:
- v. Basic Pay:
- vi. Gross Pay:

**10. Research Credentials:**

- i. **No. of papers:**  Web of Science / Scopus Index  Conference Papers  
 Journal Papers  Total No. of Papers  
(other than WoS/SI/SCI)

ii. **Research Grants:**

Sl. No.	Organization	Title of Research work	Duration	Fund
1.				
2.				
3.				
4.				

**11. Details of Two References (Academic):**

	1	2
<b>Name</b>		
<b>Affiliation</b>		
<b>Email ID</b>		
<b>Cell No.</b>		

**12. Any other information (such as GATE/NET/SLET/etc.) details:**

I, hereby declare that all the data furnished by me in this application are true to the best of my knowledge. At the time of the interview I will produce the original documents in support of the information entered here.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

**Signature of the candidate**

**Additional Sheet to be filled by Candidates aspiring for the post of Professor/ Associate Professor**

**1. Experience of laboratory development (Give Specific details)**

- a.
- b.
- c.
- d.

**2. Details of industry linkages (in terms of academic collaboration, and consultancy)**

- a.
- b.
- c.
- d.

**3. Short-term plans (next two years)**

- a. Teaching
  
- b. Research
  
- c. Consultancy

**4. Long-term plans (2-5) years**

- a. Teaching
  
- b. Research
  
- c. Consultancy

(Signature of the candidate with date)