

NAIPUNNYA INSTITUTE OF MANAGEMENT AND INFORMATION TECHNOLOGY

PONGAM, KORATTY-680308, KERALA, INDIA
Tel. 0480-7335573, 730341
Website: naipunnya.ac.in



Application for Employment

1. Name of the Post Applied: _____

2. Applicant Information

Applicant Name: _____

Permanent Address with mobile no.
and email-id: _____

Phone: _____

E-mail Id: _____

Mailing Address
(if different from Permanent address) _____

Age & Date of Birth _____

Nationality: _____

CATEGORY

[PLEASE TICK () THE APPROPRIATE BOX]

GENERAL SC ST

SPECIALLY ABLED PERSON

GENDER MALE FEMALE TRANSGENDER

MARITAL STATUS

(A) MARRIED UNMARRIED

(B) IF MARRIED, NAME OF THE SPOUSE.....

3. Educational Qualification (Please attach self-attested copies of certificates)

Sl. No.	Examination Passed	Name of Examination/Qualification	Year and Month of passing	University/Board	Marks obtained/Total Marks	Percentage	CGPA(If grading is applicable)
	Matric/X/Equivalent						
	10+2/Equivalent						
	Bachelor's Degree						
	Master's Degree (Post-graduation)						
	Any Other Qualification	M.Phil					
		NET					
		Ph.D					

4. CHRONOLOGICAL LIST OF THE TEACHING EXPERIENCE (INCLUDING THE CURRENT POSITION / EMPLOYMENT)

Name and address of the employer	Designation	Period of Experience			Nature of Work	Reason for Leaving
		From (Date of joining)	To (Date of Leaving)	No. of years/Months		

5. PUBLISHED PAPERS IN JOURNALS/FULL PAPERS IN CONFERENCE PROCEEDINGS

Sl. No.	Title with Page No.	Journal/ Conference Proceeding	ISSN/ISBN No.	Peer Reviewed/ Impact Factor if any	UGC Care/ Scopus

6. BOOKS, CHAPTERS IN BOOKS, OTHER THAN REFEREED JOURNAL ARTICLES.

Sl. No.	Title	Type of Book (Text /Reference)	ISSN/ISBN No.	Publisher	No. of Authors

7. PAPER PRESENTATION IN CONFERENCE/SEMINARS, ETC. (IF ANY)

Sl. No.	Title of Paper	Year	Name of Conference	National / International	Organizers

8. ANY OTHER ACADEMIC ACHIEVEMENT AND EXTRA-CURRICULAR ACTIVITIES
[PLEASE ATTACH SEPARATE SHEET(S) IF REQUIRED]

9. ANY OTHER INFORMATION / QUALIFICATION RELEVANT TO THE POST APPLIED FOR
(PLEASE ATTACH SEPARATE SHEET(S) IF REQUIRED)

10. GIVE LIST OF THE SELF ATTESTED COPIES OF THE TESTIMONIALS ATTACHED
(ORIGINALS TO BE PRODUCED AT THE TIME OF INTERVIEW)

11. AVAILABILITY

a) If hired, on what date can you start working? ___ / ___ / ___

b) Are you available to work overtime, if required by the management? [] Y or [] N

c) Salary desired (monthly): Rs. _____

12. REFERENCES:

Name/Title Address Phone

1. _____

2. _____

DECLARATION

1. I, _____ Son / Daughter
of _____ do hereby

declare that all the statements and entries made in this application are true, complete and correct to the best of my knowledge, belief and understanding. In the event of any information being found false or incorrect or ineligibility being detected before or after the Selection, the Institution authorities may cancel my candidature / appointment.

2. I further declare that all the research publications / articles / conference certificates submitted by me along with my application are genuine and published in the same Journal / Periodicals/Books which are claimed as such. In case any of the publications / articles / certificates so submitted by me are found to be false, I shall be responsible for the same and I understand my selection will stand cancelled and I shall be bound to refund all the monetary benefit drawn by me as a consequences of such a selection.

Place:

Date:

Signature of the applicant