



INDIAN INSTITUTE OF SPACE SCIENCE AND TECHNOLOGY

(Declared as deemed to be University under section 3 of the UGC act 1956)

Thiruvananthapuram – 695 547

APPLICATION FOR FACULTY POSITIONS

Advertisement No. :

Advt No.

Post Applied for :

Post Code :

Department :

1. Name in Full (Capitals)

(As per SSLC record) :

2. Date of Birth :

3. Nationality :

4. Sex :

5. Present Address :

(affix passport size photo)

Phone :

Fax No.:

e-mail:

6. Permanent Address :

Phone:

Fax No:

e-mail:

7. Educational Qualification (From Xth Standard onwards)

(Please attested photocopies of mark sheets and certificates and brief synopsis of the Master's & the Doctoral thesis)

Sl No.	Qualification	Subject	University/Institute / Board	Percentage/Class/ Grade	Year of Passing
1.	X				
2	XII				
3	B.Sc/B.Tech/BE				
4	M.Sc				
5	M.Tech/M.E./M.Phil				
6	Ph.D/D.Phil				

8. Post doctoral Experience (National/International) *

Sl. No.	Name of Award/ Fellowship	Name of Institute/ University	Duration of program	Special Distinction If any

* If required separate sheet may be attached as Annexures

9. Professional Experience (Reverse Chronological order)

Sl. No.	Position Held	Name of Institute/ University/Organization	Duration	Reason for Leaving

* If required separate sheet may be attached as Annexures

10. Teaching Experience:

Sl. No.	Institute/ University	Duration	Area(s)

* If required separate sheet may be attached as Annexures

11. Courses Taught :

Course No. & Title	Level (UG/PG)	Number of Times	Developed by

* If required separate sheet may be attached as Annexures

12. Thesis (M.Sc/M.Tech/Ph.D.) Supervision:

(at all the organizations that you have worked with)

Sl. No.	Name	Year of completion	Title of Thesis	Co-guides(if any)

13. Sponsored Projects Undertaken:

Sl. No.	Sponsoring Organization	Title of Project	Amount of Grant and Duration	Co-Investigators (if any)

14. Industrial Consultancy/Project undertaken:

Sl. No.	Duration	Organization	Details of consultancy	Co-Investigators (if any)

15. Industrial Experience:

Sl. No.	Duration	Organization	Title of Project and Nature of work	Designation

16. Administrative Experience:

Sl. No.	Duration	Organization	Nature of Responsibility	Designation

17. National / International Symposium/Works hops/Winter/Summer Schools organized:

Sl. No.	Title of symposium/workshop	Sponsors	Duration	Co-convenor

18. Publications

(Enclose reprint of the best papers (about five) in your judgement)

i. Papers published in referred International journals

Sl. No.	Author(s)	Year	Title of paper	Complete Reference of Journal

ii. Papers published in referred national journals

Sl. No.	Author(s)	Year	Title of paper	Complete Reference of Journal

iii. Papers published in referred International conference proceedings :

Sl. No.	Author(s)	Year	Title of paper	Name and Place of Conference/Publishers

iv. Papers published in referred national conference proceedings

Sl. No.	Author(s)	Year	Title of paper	Name and Place of Conference/Publishers

v. Papers presented in international/national conferences and not published

Sl. No.	Author(s)	Year	Name and Place of Conference

vi. Books (List those published and in press separately):

Sl. No.	Name of book	Year of Publishing	Subject	Co-authors

19. Patents, Awards and Recognitions :

20. Any Other Relevant Information : Give as an annexure

**21. Names and Addresses of Three Referees (including e-mail/phone)
(All of them should be familiar with your academic work)**

i)

Phone:

E-mail :

ii)

Phone:

E-mail :

iii)

Phone :

E-mail :

22. Present pay band and total salary :

23. Salary Expected at IIST :

24. Have you applied for any post in IIST before? If yes, please give details					
Sl. No.	Name of The Post	Area of Specialization	Advt. No. and Date	Date of Interview	Result

24. Family details:-

Name of Spouse :

Educational qualifications:

Children:

Name :

Age:

25. Current Areas of Research :

26. Whether SC/ST/OBC/PWD :

(Attach a certificate from the authority prescribed under government rules)

I hereby declare that I have carefully read and understood the instruction and particulars supplied to me,

And that all entries in this form as well as in attached sheets are true to the best of my knowledge and belief.

There are _____ enclosures with total of _____ pages attached along with this form.

Date :

Signature :

Place :

Forwarded Through: Head of Institution/Registrar (With Seal)

Place:

Date:

Note: The columns requiring additional sheets must be elaborated with annexures and a separate list of enclosures item wise with page numbers should precede the enclosures. All annexures should be consecutively arranged and must bear your name and signature.