

ICFAI University Nagaland
(Established under the ICFAI University Nagaland Act, 2006)
Sovima, 6th Mile, Dimapur – 797 112, Nagaland
Phone: 03862-234816, Fax: 03862-234815
Website: www.iunagaland.edu.in

APPLICATION FORM FOR FACULTY POSITIONS

	Application in response to the advertiser	nent of (date):	20
Field of	applied forof Specialisation of above post (if	Adv	vertisement No.:
	ed Under category Gen / SC / ST /OBC		
	plication fee: Remitted :	D. (T ' D I
Amo	ount Bank Draft No.	Date	Issuing Bank
1.	Full Name (in Block Letters):		
2.	Father's/Husband's Name:		Affix Recent
3.	a) Address for Correspondence	b) Permanent A	Address
	Vill:	Vill:	
	P.O:	D.O.	
	Dist:		
	State: Pin:		Pin:
	Mob. No	Mobile No	
	Email-id:		
4.	Date of Birth & Place:	5.a) Sex (Male/	Female):
		_ b) Category ((SC/ST/OBC/General):
6.	Marital Status: Married / Unmarried	c) If person w	ith disabilities (Please tick in
7.	Nationality:	· •	box): VH HH OH
the SO	lication fee: Rs. 400 for General candidates / C/ST/OBC status must be attached along with our of "ICFAI University Nagaland", payab	the application form).	

8. Academic Qualification (Commencing with the High School or an equivalent examination)

Examination Degree	Subject/ Specialisation	Year	Division	Marks or Grade (CGPA/ Percentage)	University/Board/ College	Distinctions / Scholarship
Matriculation / 10 th /						
Secondary Intermediate / 12 th / H.S						
Graduation						
Post						
Graduation Any other						
Qualification						

Research Degree(s)

Degree	University	Specific date of submission	Specific date of award	Title of the thesis
M.Phil				
Ph.D / D.Phil				
D.Sc / D. Litt.				
(I)	Whether Ph.D awarded as per UGC Regulation 2009 (If yes, Please give documentary proof)			Yes/No
(II)	Whether qualified NET/SLET etc. (Conducted by UGC/CSIR/ICAR/State) (Indicate the date and attach documentary proof)			Yes/No

9. Teaching/ Professional/ Research Employment (Give particulars in descending order starting with the present post)

Name & Address of	Post Held	**Present Pay Scale	Basic Pay as on date	Total Gross Pay	Perio Employ		Nature of Duties/Work
Employer					From	То	
~							

Govt./Quasi Govt./Autonomous/Private. ** Mention whether revised or unrevised, if relevant.

10. Summary of teaching experience/performance

A.	Teaching Experience	From	То	Total experience of Years & Months
I.	Under Graduate			
II.	Post Graduate			
III.	Total Teaching			
	Experience			

IV. Participation in production of Educational TV programme

- V. Short term/Continuing Education/Specialist Courses conducted
- B. Course Developed (No.) U.G. P.G

C. Research and Academic contributions

- i. Research papers published in Refereed Journals/Non-refereed but reputed journals having ISBN /ISSN (Please give the details as Annexure)
- **ii.** Research Publications (Other than refereed journal articles) (Please give the details as Annexure)
- iii. Books/Chapters in books (Please give the details as Annexure)

Note: List of publications with details, reprints of papers and acceptance letters (in case of accepted papers) must be enclosed

D. Research Projects (Please give the details as Annexure)

ı.	Number of Thesis Supervised (Please give the details as Annexure)				
ii.	Ph.D.	Awarded	Submitted	In progress	
iii.	M.Phil.				
F.	Prizes/Medals/A	wards/Honors:			
G.	and of participati		icular or social activi	acquired in games, sports ties such as NCC, Public	
	As a student:				
	After entering in	to service:			
11.	Training courses Annexure)	and conference/semin	nar/workshop papers	(Please give the details as	
12.	(a) Membership/l	Fellowship of professi	onal societies:		
	(b) Other activities	es/Responsibilities:			
		ing to accept the initiary acceptable with ju		e? (if no, state what is the	
	(d) If appointed,	what period would yo	u require before joinir	ng the post?	

Research Guidance

E.

Have you been post details. Have you been post so, give details. Were you at any to or discharged or discharged or discharged.	punished during you unished during you time declared medic dismissed? If yes, gi	demic career? If so, give details our studies at college/University? If so, give ar services or convicted by a court of law? If cally unfit or asked to submit your resignation ive details in a separate sheet.			
details. Have you been poso, give details. Were you at any to or discharged or discharged	unished during you time declared medic dismissed? If yes, gi	or services or convicted by a court of law? If cally unfit or asked to submit your resignation			
so, give details.) Were you at any to or discharged or of	time declared medic dismissed? If yes, gi	cally unfit or asked to submit your resignation			
or discharged or d	dismissed? If yes, gi				
) Do you have an					
(e) Do you have any case pending against you in any court of law? If yes, giv details.					
elated to you. Refe	erence should be o	one/Fax No./e-mail, if any, of three reference of persons with or under who have intimate			
ame & Address:					
hone No:	Mobile No.:	Email-id:			
ame & Address:		I			
hone No:	Mobile No.:	Email-id:			
(iii) Name & Address:					
hone No:	Mobile No.:	Email-id:			
	elated to you. Refeledge of your work ame & Address: hone No: ame & Address:	hone No: Mobile No.: Mobile No.: Mobile No.: Mobile No.: Mobile No.:			

(e) Any other relevant information, if not given above:

ADDITIONAL INFORMATION

Family Background:		
Father's/ Spouse Name:		
His/ Her Qualification: _		
Occupation/ Designation	:	
Mobile No.:	Tel: _	
Email ID:		
Computer Proficiency:		
	Please Specify	Proficiency Level
Operating System		
MS Office		
Application Packages		
Internet Browsing		
Reason for change (if alre	eady employed):	
Strengths (not exceeding propose to build on these s	4 lines) Please identify you strengths:	ar major strength, and how do you
Weaknesses (not exceedi you propose to overcome t		our major weaknesses, and how do

Career Goals and Aspirations: (Please identify your Short terms (5 years) and Long terms (10 years) Goals)
Short-term goals:
Long-term goals:
ALL APPLICANTS MUST SIGN THE DECLARATION BELOW
Declaration : The information provided in this application form and any supporting documentation is true and complete. I understand that any offer of employment will be conditional upon satisfactory screening of my application. I agree that any deliberate omission, falsification or misrepresentation in the application form or supporting documentation will be grounds enough for rejecting this application or subsequent dismissal, if employed, by the ICFAI University Nagaland. I have enclosed self-attested copies of documents (relevant certificates, degrees, testimonials etc.) in support of my application.
I agree to the above declaration (please tick)
Place: (Signature of Applicant)
Date:
Candidate already employed should submit application through his/her employer
The endorsement below is to be signed and forwarded by the Head of the Department/Employer in the case of the in-service candidates whether in permanent or temporary capacity in Government/Semi Government/ Public Sector undertakings/ State/Central Universities/ Autonomous body, failing which the application is liable to be rejected.

ENDORSEMENT OF THE EMPLOYER

Ref. N	No	Date
	The application of	in this application form has been checked/
		Signature of the forwarding Officer (With Office Seal)