



**INSTITUTE OF CO-OPERATIVE & CORPORATE MANAGEMENT,
RESEARCH AND TRAINING
ICMRT ACADEMY OF HIGHER STUDIES.**

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APPLICATION FORM FOR FACULTY POST

(To be filled by the Candidate in his/her own handwriting in BLOCK LETTERS)

Name of the Post Applied for _____

Nature of Post (Please put ✓ mark) Regular On Contract

Area of Specialization _____

Affix recent Passport size
Photograph
(Self Attested)

1. Full Name : _____

(as recorded in High School or equivalent certificate):

2. Date of Birth: (as recorded in High School or equivalent certificate) _____

3. Father's Name: _____

4. Mother's Name _____

5. Category (Please put ✓ mark): Other Backward Class/ Unreserved
(attach proof in case of OBC Category)

6. Marital Status _____

7. Postal Address: _____

8. Permanent Address: _____

PIN Code: _____ Tele: _____

PIN Code: _____ Tele: _____

9. E-mail ID: _____

10. Academic Qualifications (Please attach self attested copies of certificates)

Examination Passed (Pl. mention)	Year of Passing	College / Institute	Board/ University	Division	% of Marks/ CGPA	Subjects/ Specialisation
<i>High School/ equivalent</i>						
<i>SSC/equivalent</i>						
<i>Degree</i>						
<i>NET</i>						
<i>Ph.D.</i>						
<i>Other</i>						

Signature of the Applicant

11. Experience

Post Held	Name & Address of Organization	Period		Pay Scale/ Salary drawn	Reason for leaving
		From	To		

12. Research Publications (Pl. attach separate sheets, if necessary, giving topic of the papers published together with name of journals. Attach reprints.)

13. Books/Monographs /Reviews Published (Pl. attach separate sheets, if necessary. Attach proof)

14. Any other information (please attach separate sheet, if required):

15. References (with phone no. and e-mail id)

1.	2.
_____	_____
_____	_____
_____	_____

Declaration

I _____ Son/Daughter of _____ hereby declare that the information given in this application are true and complete to the best of my knowledge and belief and nothing has been concealed or distorted. If , at any stage, it is found that false/incorrect information has been furnished, my candidature/appointment may be rejected/cancelled and action, as deem fit, may be taken.

Place: _____

Date: _____

Applicant

Signature of the

Name: _____

Application Fee Payment Details:

Demand Draft Number	Name of the issuing Bank	Date	Amount

For OFFICE USE ONLY

Form Recd. on: _____ Registration No. _____ Signature of staff _____