



**Shree Chanakya Education Society's
Indira Institute of Management**

(Affiliated to the University of Pune, recognized by Govt of Mah. & approved by AICTE.)
85/5-A, Tathawade, New Pune Mumbai Highway, Pune – 411 033 (India)

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Website: - www.indiraiimp.edu.in

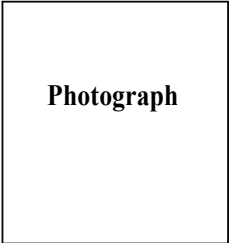
Fax : (020) 22934259
email:recruitment@indiraiimp.edu.in

For Office use only

Qualifications:	Ph. D	M. Tech	M. E.	M.B.A	M.Sc.	M.C.A	B. E.	B. Tech	B.Sc
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Category:	OPEN	OBC	SBC	VJ	DT/NT	ST	SC
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1. Post Applied For (Designation):.....
2. Subject:
3. Category: OPEN / OBC / SBC / VJ / DT / NT / ST / SC / PH
4. Applicant's Name (Block Letters):
5. Date of Birth: DD..... MM.....YY..... Nationality:.....
6. Address:
-
- Pin Code: Tel. No. (.....).....
- Mobile: E-mail ID:.....



7. Educational Qualifications:

Sr. No.	Examination Passed	Board / University	Month & Yr of Passing	Total Marks / Out of	% / CGPA	Class / Grade
1.	B.E./ B. Sc					
2.	M. Tech / M.E. /M. Sc.					
3.	M.B.A. / M.C.A.					
4.	Ph. D.					
5.						

8. Teaching Experience:

Sr. No.	Name of the Institute	Period		University Approval No. & date	Designation & Last Salary drawn	Subject taught
		From	To			
1.						
2.						
3.						
4.						
5.						

9. Industrial Experience:

Sr. No.	Name of the Company	Period		Place	Designation & Last Salary drawn	Job entrusted
		From	To			
1.						
2.						
3.						
4.						
5.						

10. Membership of Professional bodies:

Sr. No.	Name of the Professional body	Type of membership	Membership No.	Validity
1.				
2.				
3.				
4.				
5.				

11. Publications *:

Sr. No.	Conference / Journals	No of Papers	Remarks
1.	National Conference		
2.	National Journals		
3.	International Conference		
4.	International Journals		
5.			

* Please attach a list of publications separately giving details of conference / title, co – authors and page numbers

12. Projects and consultancy assignments (if any):

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13. Extra curricular activities (if any):.....

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14. References:

Sr. No.	Name	Tel. / Mobile	E-Mail ID
1.			
2.			

13. Present Salary:.....

14. Expected Salary:

To the best of my knowledge and belief, the information given above is correct and no part of the information is being suppressed by me. If any of the information given above is found incorrect, I shall be held responsible and liable for its consequences.

Place:.....

Date: / /2012

(Name & Signature of the applicant)

Note: 1. Incomplete application with insufficient data will be summarily rejected.

2. Do not attach the copies of testimonials.