### APPLICATION FORM FOR THE RECRUITMENT OF FACULTY POSITION

### Part-A

### **General Information**

**Note:** Prospective candidates are advised to read the Instructions carefully and then complete the application precisely and to the point. No column should be left blank. An incomplete application will be rejected. Candidates may attach additional sheets if required.

Dep	partment							
Spe	ecialization							
FEE	REMITTANCE DETAILS	S:						
	DD No. & Date		A	mount	Ва	ınk		
If e	xempted, specify reason (SC)	/ST/PwD/Wo	man/shor	tlisted earlier):				
		I				_		
1	Full Name of Applicant (In Block Letters)					Affix		
2						Passport Size (4 x 5		
	Father's Name					cm)		
3	Mother's Name					Photograph		
4	A. Marital Status:		B. Gender:					
5	A. Permanent Address			B. Correspondence Address				
	City:	PIN:		City	PIN	J:		
	District:			•				
	State:							
	Contact No.:							
6	Phone No. with STD Code							
	Mob. No:		••••	Alternate Mo	b. No.:			
	Email ID:							
	Alternate Email ID:							
7	Date of Birth (DD/MM/Y	YYY)						

Post Applied For



ESTD. 1958 Govt. Aided Autonomous Institution

Affiliated to APJ Abdul Kalam Technological University, Kerala

	(Must enclose	Self-attested c	opy of Cer	tificate)				
8	Age (As on da	ite)						
9	Nationality							
10	Caste & Relig	gion						
11	Category (UR/ST/ SC/C self-attested co	OBC/PwD/EW		enclose				
12	Photo ID Proof Please mention (Aadhar/PAN/Passport/Voter ID/Any Other Govt. ID)				pe of ID: Number:			
13	Scopus ID							
14	H Index							
15	Total Citation	ns (Scopus)						
16	If you are em		ed.	Ye	s / No			
<ul> <li>* If Yes, please mark (✓) the category: □ A □ B □ C □ D □ E</li> <li>A) Blindness &amp; Low Vision.</li> <li>B) Deaf &amp; Hard of hearing</li> <li>C) Locomotor disability including cerebral palsy, leprosy cured, dwarfism, acid attack victim muscular dystrophy</li> <li>D) Autism, intellectual disability, specific learning disability, and mental illness.</li> <li>E) Multiple disabilities from amongst persons under clauses (A) to (D) including deaf blindness (*Attach a certificate from the competent authority as prescribed under government rules)</li> <li>18. Educational Qualification:</li> </ul>								
	Educational (	Qualifications	(10 <sup>th</sup> Stand	dard onwards)	)			
A	Name of Examination 10 <sup>th</sup>	n Institu	ition	Board	% of Marks	Grade/ Division	Year of passing	Encl. No.
	12 <sup>th</sup> /Higher Se	20						
	12 /IIIghei 30				<u> </u>			
	Educational (	Qualifications	(Under Gr	raduation onw				
В	Name of Degree	Discipline	Universit	ty/ Institution	Grade Point/ % of Marks	Grade/ Division	Year of passing	Encl. No.
(i)	Bachelor's							
	Master's							
	Other (If Any)							
В	Name of Degree	Discip	oline	Univ	versity/ Institutio	n	Year of Award	Encl. No.
(ii)								
(11)	Ph.D.							
(11)	Ph.D. Thesis Title							



# TKM COLLEGE OF ENGINEERING

ESTD. 1958 Govt. Aided Autonomous Institution

Affiliated to API Abdul Kalam	Technological University, Kerala

	Name of Dagrae	Name of Degree Discipline University/ Institution		Duration		Encl.
В	Name of Degree	Discipline	Oniversity/ institution	From	To	No.
(iii)	Post Doctoral Fellowship					
	Area of Research					

Ъ	Nama of Dagraa	Discipline	University/ Institution	Dura	tion	Encl.
B (iv)	Name of Degree	Discipline	Oniversity/ institution	From	То	No.
(17)	Others (If Any)					

B (v)	Name of Exam (NET/SLET/GATE)	Subject/ Discipline	Registration Number/ Roll Number	Year of passing	Encl . No.

# 19. Experience

A	<b>Detail of Teaching Experience</b> (In reverse Chronological order) (Attach extra sheet, if needed)									
S.		Period	od	Duration		PB &	Nature of	Temporary/	Encl	
No.	Organization	n Post From To Y		M	G-Pay/ Pay level	Responsibilities	Regular/ Permanent	No.		
1										
2										
3										
	То									

В	Scientific Research/ I	ndustrial Experie	nce					
S.			Dura	ation	Experi	ence	Permanent/Te	Encl.
No.	Organization	Post	From	То	Y	M	mporary/ Contract	No.
1								
2								
	Total							

Total Experience (19A + 16B) in Years and Months	

## 20. Additional Relevant Information (In Support of Candidature):

S. No.	Particular	Name of Award (UG Onwards)	Name of Awarding (State/National/ International) Government Organization	Encl. No.
1	Academic/Research Excellence Award (excluding scholarship and conference paper award)			
2	Fellowship			
3	Sports and extra-curricular activities (including NCC, NSS) at State/ National/ International level			

### 21. Index of Application

(Important: all the enclosures should be self-attested and serially numbered)

S. No.	Description	Encl. No.	Page No. From-To
1	Application Form		
2	Category/PwD Certificate, if applicable		
3	10 <sup>th</sup> Class Certificate showing date of birth.		
4	12 <sup>th</sup> Class/Higher Secondary marks statement		
5	UG Degree Marks statement and Degree/provisional certificate		
6	PG Degree Marks statement and Degree/provisional certificate		
7	PhD Degree		
8	PDF (if any)		
9	NET/SLET/GATE (if any)		
10	Documents in support of claimed experience		
11	NOC/forwarding letter from employer, if applicable		
12	Award/Fellowship/Sports/Extracurricular Achievements		
13	Any other relevant document.		

### Part-B

### **Research & Other Information**

1.	External spon each project)	sored Res	earch Projec	ts Undertake	en (Please pr	ovide pr	oof (awa	ard letter) for
	Project Title	PI / CO-PI	Number of CO-PIs	Sponsorin	Amount Sanctioned	Pro	od of ject	Encl. No.
;				g Agency		From	To	
ii								
- 11								

2.	2. Patents Published/Granted (Only granted patents are considered) Please provide proof for the patent published/granted issued by the compet authority.							
	Title of Paten	et PI / CO-PI	Number of CO-PIs	File Number/ Patent Award Number	Published/ Granted	Patent Granting Authority	Encl. No.	
i								
ii								

3.	Consultancy Projects Undertaken (Please provide proof (award letter) for each consultancy)						
	Consultancy Project Name of Amount Period of Project						
	Title	Sponsoring Agency	Sanctioned	From To Encl. No.			
i		•					
ii							



4.	4. Ph.D. Thesis Guided (Including Thesis submitted cases.) As a Proof Notification of Concerned University/Institute must be attached for each candidate						
S. No.							
i							
ii							

- 5. Published Research Papers Indexed in SCI/SCIE/SSCI Scopus or Web of Science (Research paper needs to be indexed and not only the journal).

  As proof, please provide.
  - a. Page containing title, author(s) name, affiliation & name of the journal.

	Title of Paper	Name of Journal& ISSN Number	Volume, Page Number & Year (Reverse Chronological order)	First Author or Corresponding author (Yes/No) Attach proof for the supervisor	Encl. No.
i	i				
i	ii				

6.	Conference Paper (Indexed in SCI/Scopus/web of science. As proof, please provide.						
	(a) Page(s) containing title, a	${f author}({f s})$ name, affiliation &	name of the pro	ceeding of the conference.			
	(b) That the concerned conf renowned conference	erence is in the list of Scien	ce Citation Inde	ex or Scopus or Web of Science (	Conference o	r any internationally	
	Title of Paper	Detail of Conference	Volume, Page Number & Year	First Author or Main Supervisor (Yes/No)	Number of Authors	Encl. No.	
i							
ii							
iii							
iv							
v							

7.	Institute-Level Additional Responsibilities As proof, please provide a copy of the order(s) issued by the concerned Head/Chairman and approved by the Principal/Director.					
	Name of Post	Dui	ration	No. of Semesters	Encl. No.	
		From	To			
i						
ii	i l					
				- '		

8.	Other Institute-Level Additional Responsibilities					
	As proof, please provide a copy of the order(s) issued by the concerned Head/Chairman and					
	approved by the Principal/Director.					
		Dur	ation	No. of		
	Name of Post	2 4-1		Semesters	Encl. No.	
		From	To			
i						
ii						

9.	Workshop or Faculty Development Program or Short-Term Courses of a minimum 05 working days duration offered as Coordinator or Convener Please provide proof.						
	Post held	Details of	Dur	ation	Total		
	(Coordinator or convener)	WS/FDP /STC	From	To	No. of Days	Encl. No.	
i	convener				Days		
ii							

10.	National or Internati	onal conferences	s organiz	ed as	Chairman	/Secretary/Chief
	Coordinator/Coordinator.	•				
	Please provide proof.					
	Post held	Details of	Durat	ion		
	Chairman/ Secretary/Chief coordinator/coordinator	conference organized	From	То	Total No. of Days	Encl. No.
i						
ii		_				

11.	Establishment of New Lab(s): Duly certified by the Head of the department as proof (Up					
	gradation of Existing Lab will not be considered).					
	Name of Laboratory  Organization  Year of Establishment of Lab  Encl. No.					
i						
ii						

12.	Number of Post Graduate Dissertations Guided	
	Number of Under Graduate Projects Guided	

13.	Text or Reference Books published on relevant subjects from reputed national/international publishers. For proof, cover page, along with page(s) containing the author(s) and publisher's details of the published book, should be submitted.							
S. No.	Title of the Book	Name of Publisher with ISSN/ISBN No.	Year of Publication	Encl. No.				
i								
ii								

14.	Book chapters in the books published by reputed international publishers only for the proof cover page of the book along with the first of the concerned chapter containing details of the author(s) and title of the chapter should be submitted.				
S. No.	Title of the Book	Name of Publisher with ISSN/ISBN No.	Year of Publication	Encl. No.	
i					
ii					

15.	Fellow IEEE, FNA, FNAE, FNASc/ Any other professional organization membership (Please provide Proof)			
S. No.	Name and Details	Encl. No.		
i				

16.	Any relevant information the applicant wishes to add and is not included in the application				
S. No.	Name and Details	Encl. No.			
i					

17.	Please write in 750 words a Statement of Purpose mentioning why the candidate wants to be a part of TKM College of Engineering and highlight his/her research plan.					
	Statement of Purpose					

	Arrillated to Arri Abdul Ralam Technological Oniversity, Refala			
	1			
<b>DECLARATION</b>				
	<del></del>			

- A. I hereby declare that I have read carefully and understood the instructions and particulars and that all entries in this form and the attached sheets are true to the best of my knowledge and belief. At any stage, if any of the information I furnished is found to be false or incorrect, my candidature will be treated as canceled. If selected, I promise to abide by the rules and regulations of the Institute.
- B. I hereby declare that no criminal case/court case or any disciplinary action is taken/pending against me.

Date:	••••	••••	••••	•••••	•••••	• • • • • • • • • • • • • • • • • • • •
Place:			••••		•••••	

Signature of Candidate