|  |
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|  |
| Namakkal – Trichy Main Road, Tholurpatti (Po), Thottiam (Tk), Trichy (Dt) – 621 215  Telephone: 04326 – 277571, Tele Fax: 04326 -277572  Mobile No: +91 8012 50 50 00 / +91 8012 50 50 85  E –Mail: [careers@kongunadu.ac.in](mailto:careers@kongunadu.ac.in) / www.kongunadu.ac.in |

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|  |  |  |
| --- | --- | --- |
| APPLICATION FORM FOR FACULTY POSITION | | **Affix Photo** |
| **Post : Department :** | |
| **PERSONAL DETAILS** | |
| **1. Name:** | | |
| **2. Father / Husband Name:** | | |
| **3. Date of Birth:** | **4. Age:** | |
| |  |  | | --- | --- | | **Male** | **Female** |   **5. Sex:** | **6. Nationality:** | |
| **7. Religion:** | **8. Community : FC / BC / MBC / SC / ST** | |
| **9. Caste :** | **10. Marital status :** Married / Un-Married  If married, **Spouse:** Employed / Unemployed  **No. of Children** : | |
| **11. Address for Communication :**  **-----------------------------------------------------------------------------------**  **-----------------------------------------------------------------------------------**  **--------------------------------------------- Pin Code :---------------------**  **Phone No. with STD Code: ----------------------------------- Mobile No: ---------------------------------**  **Email ID**. : ----------------------------------------------------------------------------------- | | |

### ACADEMIC QUALIFICATIONS

| Sl.No | Degree | Specialization | Year  of  Passing | Full time / Part time / Distance Education | Class / Position | Agg. % / CGPA | Institution | University |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. |  |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |  |

### PROFESSIONAL EXPERIENCE

### Teaching– chronological order

| Sl.No. | Designation | Institution | Duration | | Experience  (in years) |
| --- | --- | --- | --- | --- | --- |
| From | To |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
|  |  | **TOTAL** | | |  |

#### Others (Industry) – chronological order

| Sl.No | Designation | Institution | Duration | | Experience  (in years) |
| --- | --- | --- | --- | --- | --- |
| From | To |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
|  |  | **TOTAL** | | |  |

**Skill Development Programmes**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **­­­­­**  **Programme** | **FDP** | **STTP** | **Workshop** | **Seminar** | **Conference** | **Total** |
| 1 | Number of Programme Attended |  |  |  |  |  |  |
| 2. | Number of Programme Organized |  |  |  |  |  |  |

**Publications**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl. No.** | **Publications** | **International** | **National** | **Total** |
| 1 | Number of Journal |  |  |  |
| 2. | Number of Conference |  |  |  |
| 3 | Number of Book |  | |  |

### ANY OTHER INFORMATION

I declare that the above particulars furnished by me are true to the best of my knowledge

Place: **SIGNATURE OF THE CANDIDATE**Date: [With Name]