Institute of Law & Research Jasana Faridabad, Haryana-121101

Faridabad, Haryana-121101 (Approved by BCI & Affiliated to M.D.U, Rohtak) Website-<u>www.ilrfaridabad.com</u>Email-ilr@ilrfaridabad.com

APPLICATION FORM FOR FACULTY POSITION

	Post applied for:	Area:
	Advertisement in	Dated: (DD/MM/YYYY)
A. F 1.	PERSONAL DETAILS Name in Full:	(As per documents)
2.	Date of Birth:	(DD/MM/YYYY) Age as on 15.09.2022 :years
3.	Gender:	
4.	Marital Status:	
5.	Nationality:	
6.	Category:	
7.	Aadhaar Card No.:	
8.	Father's Name/Husband's	Name:(As per documents)
1. 2.		3. City and State
		5. Mobile No:
C1.	ACADEMIC DETAILS	
Deg	gree: (Ph. D, FPM etc.)	
Inst	titute/University	
Тор	pic:	
Fac	culty Advisor/Supervisor:	
		(DD/MM/YYYY)
Sub	omission Date:	(DD/MM/YYYY) (expected date, if not yet submitted)
Dat	e of Award of Degree:	

(Research Experience excludes the experience gained while pursuing PhD)

NET QUALIFIED: YES/NO If Yes details:

C2. EDUCATIONAL QUALIFICATION*

	DEGREE	YEAR	INSTITUTE/ UNIVERSITY	SPECIALISATION	DIVISION/ GRADES
PG					
PG (Additional)					
UG					
UG (Additional)					
XII					
Х					
Others (if any)					
Others (if any)					

*Please indicate your position in University/Board Merit: List if any

D. TEACHING EXPERIENCE

Institute / Univ.	Designation	From	То	No. of Months	Area/Subjects	AGP (Rs.)

E. INDUSTRY EXPERIENCE

Organization	Research Projects	From	То	No. of Months	GP (Rs.)

F. PUBLICATION IN JOURNAL (Please mention details of 10 best publications)

		•				
Journal	Year	Title of the paper	Co-author	Vol.	Page No.	No. of Citations (Scopus/Web of Science/ICI)

G. BOOKS AUTHOR/EDITED

Name of the Book	Co-Author	Publisher	Year of Publication

H. FPM / Ph.D. SUPERVISION

Name of the Scholar	Year of Regn/Year of Awarding Degree	Topic of Research	University/Institute	Co Supervisors

I. RESEARCH PROJECTS UNDERTAKEN

Name of the Research Project	Co – Investigator	Funding Agency	Amount	Year	Status

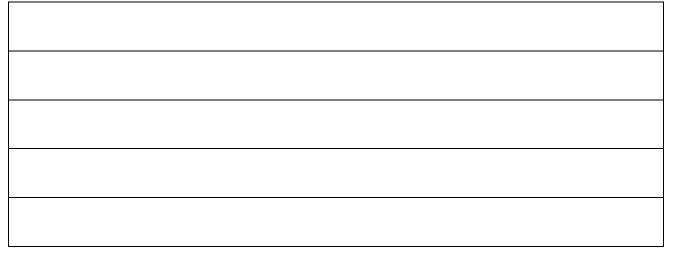
J. CONSULTANCY ASSINGMENTS UNDERTAKEN

Name of the Consultancy assignment	Organisation	Year	Status

K. MDP / WORKSHOPS AND SEMINARS CONDUCTED

Title of the Programme	Organization / Place	Year	Duration

L. SCHOLARSHIP, HONORS & AWARDS (Brief Details)



M. EXPERIENCE OF ADMINISTRATIVE RESPONSIBILITIES;

From	То	Position Held	Organization	Functions/Responsibilities

N. ANY OTHER RELEVANT INFORMATION THAT YOU MAY LIKE TO ADD

O. NAME AND ADDRESS OF REFEREES

Name of the Referee	Affiliation	Address	E-Mail	Contact No.

Declaration:

I hereby declare that the above information given by me is correct and complete to the best of my knowledge and no information has been distorted. If it is revealed that I have concealed or distorted any information my application may be rejected without any notice.

Date:_____

Name:

Place:_____

Email : _____