

Institute of Law & Research Jasana Faridabad, Haryana-121101

(Approved by BCI & Affiliated to M.D.U, Rohtak)
Website-www.ilrfaridabad.com Email-ilr@ilrfaridabad.com

APPLICATION FORM FOR FACULTY POSITION

Post applied for: _____ Area: _____

Advertisement in _____ Dated: (DD/MM/YYYY) _____

A. PERSONAL DETAILS

1. 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)

B. FULL ADDRESS FOR CORRESPONDENCE:

1. _____
2. Pin Code _____ 3. City and State _____
4. Phone No: _____ 5. Mobile No: _____
6. Email _____

C1. ACADEMIC DETAILS

Doctoral Details:

Degree: (Ph. D, FPM etc.) _____

Institute/University _____

Topic: _____

Faculty Advisor/Supervisor: _____

Registration Date: _____ (DD/MM/YYYY)

Submission Date: _____ (DD/MM/YYYY) (expected date, if not yet submitted)

Date 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 | | | | | |
| X | | | | | |
| Others (if any) | | | | | |
| Others (if any) | | | | | |

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

D. TEACHING EXPERIENCE

| Institute / Univ. | Designation | From | To | No. of Months | Area/Subjects | AGP (Rs.) |
|-------------------|-------------|------|----|------------------|---------------|--------------|
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E. INDUSTRY EXPERIENCE

| Organization | Research Projects | From | To | No. of Months | GP (Rs.) |
|--------------|-------------------|------|----|---------------|----------|
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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) |
|---------|------|--------------------|-----------|------|----------|--|
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G. BOOKS AUTHOR/EDITED

| Name of the Book | Co-Author | Publisher | Year of Publication |
|------------------|-----------|-----------|---------------------|
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H. FPM / Ph.D. SUPERVISION

| Name of the Scholar | Year of Regn/Year of Awarding Degree | Topic of Research | University/Institute | Co Supervisors |
|---------------------|--------------------------------------|-------------------|----------------------|----------------|
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I. RESEARCH PROJECTS UNDERTAKEN

| Name of the Research Project | Co – Investigator | Funding Agency | Amount | Year | Status |
|------------------------------|-------------------|----------------|--------|------|--------|
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J. CONSULTANCY ASSIGNMENTS UNDERTAKEN

| Name of the Consultancy assignment | Organisation | Year | Status |
|------------------------------------|--------------|------|--------|
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K. MDP / WORKSHOPS AND SEMINARS CONDUCTED

| Title of the Programme | Organization / Place | Year | Duration |
|------------------------|----------------------|------|----------|
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L. SCHOLARSHIP, HONORS & AWARDS (Brief Details)

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M. EXPERIENCE OF ADMINISTRATIVE RESPONSIBILITIES;

| From | To | Position Held | Organization | Functions/Responsibilities |
|------|----|---------------|--------------|----------------------------|
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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. |
|---------------------|-------------|---------|--------|-------------|
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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 : _____