



MATRUSRI INSTITUTE OF P.G. STUDIES
 (Estd.1994) (Approved by AICTE & Affiliated to Osmania University)
 16-1-486, Saidabad, Hyderabad – 500 059

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APPLICATION FORM FOR FACULTY RECRUITMENT

1	Post to which applied:					
	Department					
2	Name in full (Block letters)	Mr./Ms./Dr.		Male/ Female		
	Date of Birth			Nationality		
4	Father's/ Husband's Name					
5	Address	Address for Communication		Permanent Address		
	Telephone No. with STD Code (O)		(R)			
Mobile No.		Email:				
6	Academic record starting with SSC : (please attach Xerox copies of certificates)					
	Name of the Degree	Name of the College and Place	Name of the University	Year in which Degree/ Diploma has been obtained	Class or Division with % of marks	Subjects taken for specialization
	(1)	(2)	(3)	(4)	(5)	(6)

7) Employment (Particulars of your past position(s))

S. No	Employer	Position held	Date of Joining	Date of Leaving	Total Emoluments & Scale of Pay

Details of experience:	
8	Teaching Experience – No. of years
	Subjects handled for UG classes
	Subjects handled for PG classes
	Research Experience No. of years
	Industrial Experience No. of years
	Administrative Experience No. of years

9) Membership of Professional Bodies

S.No.	Name of the Body	Status of Membership : Life / Annual

10	Have you published any papers or text books? If so, give particulars papers/books clearly mentioning the names of International/National Journals in the case of papers published and conferences participated for Presenting papers, names of publishers in the case of Text books (attaché separate sheet)					
		National (No.)	International (No.)		National (No.)	International (No.)
	Journals			Conferences		
	Seminars			Workshops		
	Text Books			Monographs		
11	No. of Ph.Ds guided / currently guiding if any (Give details on a separate sheet if required)					
12	No. of PG Project works guided if any (Give details on a separate sheet if required)					
13	No. of UG Project works guided (Give details on a separate sheet if required)					
14	Awards received if any (Give details on a separate sheet if required)					

15) SPONSORED PROJECTS UNDERTAKEN:

Sponsoring Agency	Title of project	Amount of grant	Period	Co-investigators (if any)

16) CONSULTANCY WORK DONE:

Organization	Title of project	Amount of grant	Period	Co-investigators (if any)

17) SHORT TERM COURSES/WORKSHOPS/SEMINARS ETC. ORGANIZED

S.No	Title of program	No. of days	Any other details

18) Names and addresses of two References (at least one of them should be familiar with your recent work)

Name		
Occupation or Position		
Address		
E-mail		
Phone No		

19.

Expected salary	
Time required for joining	

20. Any other relevant information

Date

Place

SIGNATURE OF THE APPLICANT

DECLARATION TO BE SIGNED BY THE APPLICANT

I hereby declare that the statements made in this application are true to the best of my knowledge.

Date:.....

SIGNATURE OF THE APPLICANT