

7. Past Employment Details				
Employer	Position held	Date of Joining	Date of Leaving	Pay with Scale of pay

8. (a) category

(b) Attested copy of certificate enclosed

YES

NO

9. Academic record starting with graduation: (please attach Xerox copies of degree certificate)					
Degree	College / University / Institute	Year of Joining	Year of Leaving	Percentage	Class / Division

10. TEACHING EXPERIENCE:

Serial No.	Title of course taught	Postgraduate /Undergraduate/Diploma	Sole instructor or with others	Year

Indicate any special work done towards developing new courses or laboratories.

11. SPONSORED PROJECTS UNDERTAKEN :

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

12. CONSULTANCY WORK DONE :

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

13. INDUSTRIAL EXPERIENCE/INTERACTION :

Organization	Nature of work	Period

14. CONTINUING EDUCATION PROGRAMMES CONDUCTED :

15. LIST OF PUBLICATIONS :

Enclose reprints of the best papers (about three) in your judgment
List those PUBLISHED and ACCEPTED separately

1. Papers in refereed journals
2. Papers in conference proceedings
3. Papers presented in conferences but not published
4. Books
5. Important Conferences / Seminars attended (National = ___ & International = _____)

BOOKS

BOOKS				
A. JOURNALS (INTERNATIONAL)				
Sr. No	Title of the Paper	Publication	Publication Details	Remarks
B. CONFERENCES (INTERNATIONAL)				
Sr. No	Title of the Paper presented/ contributed	Conference Details	Date of Conference	Status of paper & remarks
1.				
2.				
3.				

C. CONFERENCES (NATIONAL)

1.				
2.				
3.				
4.				

16. SHORT TERM COURSES/WORKSHOPS/SEMINARS ETC. ORGANIZED

Sr.No.	Type of Training	Topic	Place	Period	Duration
01				/ /20 to / /20	__ Days
02					
03					
04					
05					

17. AWARDS AND RECOGNITION

18. OTHER ACADEMIC AND CORPORATE ACTIVITIES

19. ANY OTHER RELEVANT INFORMATION YOU MAY LIKE TO FURNISH

20. Membership of Professional Bodies	
Name of the Body	Status of Membership : Life / Annual

21. Professional Training Received

Year	Nature of Training	Duration	Organization where training was provided

22. Names and addresses of three References (at least one of them should be familiar with your recent work)

Name			
Occupation or Position			
Address			
Fax			
E-mail			
Phone No			

Form to be returned

**To,
The Principal,
Tulsiramji Gaikwad-Patil College of
Engineering and Technology,
Second Shift Polytechnic
Mohgaon, Wardha Road, Nagpur- 441108**

or

**To,
The Principal,
Abha Gaikwad-Patil College of Engineering
Second Shift Polytechnic
Mohgaon, Wardha Road, Nagpur- 441108**

I hereby declare that I have carefully read and understood the instructions and particulars supplied to me, and that all entries in this form as well as the attached sheets are true to the best of my knowledge and belief.

There are attached sheets along with this form.

Date :

Place :

.....
(Signature of Applicant)