



INDIAN INSTITUTE OF INFORMATION TECHNOLOGY, KALYANI

(Autonomous institution under MHRD, Govt. of India
& Department of Information Technology & Electronics, Govt. of West Bengal)
c/o WEBEL IT Park, Opposite of Kalyani Water Treatment Plant,
Near Buddha Park, Dist. Nadia, Kalyani - 741235, West Bengal
Email-office@iiitkalyani.ac.in, website-www.iiitkalyani.ac.in

Application for Guest Faculty Position

Self-attested
photograph

Advertisement No.:

Dated:

Post Applied for:

Subject:

1. Name in Full (in capital letters):

2. Father's / Husband's Name:

3. Mother's Name:

4. Date of Birth:

5. a) Marital Status: Married/Unmarried

b) Gender: Male / Female

6. a) Permanent address:

b) Correspondence Address:

Phone (with STD):

E-mail 1:

Mobile:

E-mail 2:

7. Nationality:

8. Details of Educational Qualification (from Matriculation onwards):

Exam. Passed	Specialization	Board/University	Year	Class/ Division	% marks / Grade point (Out of 10)



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9. Details of employments (In reverse chronological order):

S. No.	Name and address of employer	Designation	Pay-scale	From	To	Duration	Nature of work

10. Courses taught:

S. No.	Name of the subject	Level (UG/PG)	Number of times

11. Other information (Experiments/Computational projects added to teaching laboratories/Courses offered through application of ICT/E-learning packages prepared):

12. Research Activities:**(a) Number of Papers published (Attach list separately):**

Journals	International	
	National	
Conferences	International	
	National	

(b) Number of Patents (Attach list separately):

Title	International / National	Patent ID with date	Status (Applied / Granted)

(c) Number of PhD, PG and UG Students Guided:

PhD*		PG		UG	
Guided	Ongoing	Guided	Ongoing	Guided	Ongoing

**Attach list of PhD students with Name of the student, Title of thesis, Year and Status*

(d) Research Projects / Sponsored project/ Consultancy activities:

Sponsoring Agency	Title of the Project	Period	Amount	Status (Completed/ ongoing)

13. Books / Monographs / Book Chapters:

S. No.	Name of book/monograph/ Book chapters	Co-authors, if any	Year of Publication	Publisher

14. Seminars / Short Term Courses / Summer Schools / Winter Schools Organized:

Sl No.	From	To	Name of the Course	Sponsored/Self Financed	Number of Participants

15. Membership of Professional Bodies:

S. No.	Name of the Body	Grade	Membership No. with validity

16. Any other relevant information: (Add Separate sheet if required)

17. References:

1st Referee		2nd Referee	
Name		Name	
Position		Position	
Address		Address	
E-Mail		E-Mail	
Phone No.		Phone No.	
E-Mail Address		E-Mail Address	

DECLARATION

“I hereby declare that the statements made by me in / above form are true, complete and correct to best of my knowledge and belief.”

Place:

Signature of Applicant

Date:

NO OBJECTION CERTIFICATE TO BE FURNISHED BY THE CANDIDATE WHO IS ALREADY IN EMPLOYMENT, REGULAR/TEMPORARY BASIS

Certified that Dr./Mr./Ms. Son/Daughter of Shri is a permanent / temporary / adhoc employee of (*name of the institution / organization*) since The institution / organization has no objection if (s)he is appointed in IIIT Kalyani against the posts advertised by IIIT Kalyani vide advertisement no.

Place:

Date:

Signature & Seal of Forwarding Authority: