

# INDIAN INSTITUTE OF INFORMATION TECHNOLOGY, KALYANI

(Autonomous institution under MOE, Govt. of India & Department of Information Technology & Electronics, Govt. of West Bengal) WEBEL IT Park, 14, Adivasi Para, 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

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		<u>Applica</u>	tion for Guest Faculty	<u>Position</u>		Self-attested photograph
A	dvertisement N	No.:	Da	ated:		
Po	ost Applied for	::				
Sı	ıbject:					
1.	Name in Full	l (in capital letter	s):			
2.	Father's / Hu	usband's Name:				
3.	Mother's Na	me:				
4.	Date of Birth	n:				
5.	a) Marital St	atus: Married/Un	married <b>b) Gender:</b> Male	e / Female		
6.	a) Permanen	t address: b) Cor	respondence Address:			
	Phone (with S	STD):	E-mail 1:			
	Mobile:		E-mail 2:			
7.	Nationality:					
	·					
8.	Details of Ed	ucational Qualifi	cation (from Matriculation	n onwards):		
Ez	xam. Passed	Specialization	Board/University	Year	Class/ Division	% marks / Grade point (Out of 10)

9.	<b>Details of employments</b>	(In reverse chronological ord	er):

S. No.	Name and address of employer	Designation	Pay-scale	From	То	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):

10	T) 1	A 40 040
12.	Kesearch	<b>Activities:</b>

## (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*		P	G	J <b>G</b>	
Guided	Ongoing	Guided Ongoing		Guided	Ongoing

<sup>\*</sup>Attach list of PhD students with Name of the student, Title of thesis, Year and Status (d)

Research Projects / Sponsored project/ Consultancy activities:

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

## 13. Books / Monographs / Book Chapters:

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

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

Sl No.	From	То	Name of the Course	*	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	2nd Referee	
Name	Name		
Position	Position		
Address	Address		
E-Mail	E-Mail		
Phone No.	Phone No.		
E-Mail Address	E-Mail Address		

Address		Address			
E-Mail		E-Mail			
Phone No.		Phone No.			
E-Mail Address		E-Mail Address			
"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:					
NO OBJECTION CERTIFICATE TO BE FURNISHED BY THE CANDIDATE WHO IS ALREADY IN EMPLOYMENT, REGULAR/TEMPORARY BASIS  Certified that Dr./Mr./Ms					