

M P BIRLA INSTITUTE OF MANAGEMENT

Associate Bharatiya Vidya Bhavan, Bangalore

APPLICATION FOR FACULTY/STAFF POSITION

* Ps: Please fill in the form completely. Incomplete applications are liable to be rejected.

| | POST APP | LIED FOR: | | | | | |
|-------|--------------------------|---|-----------------------|-----------------|------------|-----------|---------------------|
| 1 | . Name : | | | | | | Please paste |
| 2 | 2. Father / Mot | her's Name : | · | | | | your latest |
| 3 | B. Date of Birth | & Age:g document for D O B) | | | | | photo |
| 4 | | g aocument for D O B) | | | | | |
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| | Email: | | | | | | |
| 5 | 5. (a) Nationalit | ty b |) Sex | (c) I | | | |
| | (d) Religion _ | | (e) | Caste | | | |
| | (e) Category | to which the applicant | belongs to | | | | |
| | (if not GM, En | close copy of the Certificate) | | | | | |
| | (f) Languages | s Known: | | | | | |
| | | Language | Speak | Read | | Write | |
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| (| g) Mother Tong | ue: | | | | | |
| 6 | | Qualifications comme Certificates of PG & above). | ncing from Mat | riculation | or equival | lent Exan | nination : |
| | | alification MBA or equ | uivalent : | | | | |
| | Full-time/Part- | Name of the Institution | Name of the | Result: | %age of | Year of | Specialisation if a |
| urse | time/ Correspondence/ | in which studied | University/ | Class/ Grade | marks | passing | |
| | Open University | | Institution | Grade | | | |
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| | b. All others: U | Up to MBA and above | MBA : | | | | |
| | Full-time/ Part- | Name of the Institution | | Result: | %age of | Year of | Specialisation if a |
| ourse | time/ Correspondence/ | in which studied | University/ Board/ | Class/ Grade | marks | passing | |
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| | Bubject | s of Choic | | g • | | | |
| 10. | PUBL | CATION | IS: List y | our top 5 publica | tions : | | |
| Year of Publication | | Co-Author/s | | Title of the Paper/Article/Book/Case (indicate specifically if Refereed or not) | | | Name of the journal with Volume / Issue/ Publishe |
| P.S. End 11. Other Period From | | Experienc | e: No. of years | Name of the | Institution | / Industry | Designation |
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| | Referen | nces: Kind | lly give tw | vo references: Na | | nation, Addre | ss, Email and Telephone N |
| | Referen | nces: Kind | lly give tw | vo references: Na | ame, Design | nation, Addres | ss, Email and Telephone N |
| 12. | Salary a. Ar b. If Y | Details: (e e you pres | enclose supp sently on A | porting documents) AICTE Scale?: | Yes / No | 0 | |

I hereby declare that the particulars furnished above are true to best of my knowledge.

16. Extra-curricular activities in which you have participated :

17. Additional information the applicant wishes to furnish, if any:

Date: (Signature)