

Advt. No: IIITR/RG/2022/707

Date: 03.02.2022

Application form for Appointment to the post of Visiting Professor

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Post Applied for:	
(i) Department:	
	Photograph
For Office Use	
(i) Registration No:	
(ii) Signature of the receiving officer:	
(iii) Date of Receipt:	

1.	Name in Full								
	(In Block Letters)								
2.	Father's/Husband/Wife								
	Name								
3.	Date of Birth:	Gen	der:		Age:	Marita	l Status:	Nationalit	y Religion
	(dd/mm/year)							:	:
		Male	e/Female			Marrie	d/Unmarried		
4.	Category (UR/EWS/OBC/S	C/ST	/PH)						
	(Enclose proof in case of								
	EWS/OBC/SC/ST/PH)								
5.	Present Employment with Sa	alary I	Details, if ar	ıy					
	Institute/Organization		Designati	on	Natu	re of	Pay Band	Grade	Total Salary
					We	ork		Pay	(Per month)
								-	in Rs.
6.	Address for								
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	Correspondence								
		Din	Code:						
	Mobile No.		Jude.						
	Email								
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		Pin C					
8.	Educationa Sl. No.	I Qualifications (Please a Degree Obtained	add more rows if a Specialization	needed) Name of the University/Institute	Year of Passing	% of Marks/ CGPA	Class Divis on
	(i)	Ph.D.					
	(ii)	M. Tech					
	(iii)	B. Tech.					
	(iv)	XII Class					
	(v)	X Class					
	(vi)	Other if any					
9.	Ph.D. Degi	ee Details:					
	(iv) Date o	f Submission of Ph.D. T f the Award of Ph.D. De s) of Supervisor(s) & Ado	gree				
	M.Tech De	gree Details					
10.	(i) M.Tech	Dissertation Title					
10.							
10.	(ii) Area of	M.Tech Dissertation wo	ork				
10.		f M.Tech Dissertation wo s) of Supervisor(s) & Ad					
10.							

(i) No. of years of Post Doctoral Fellowship (ii) Area of Specialization (iii)Institute/ R&D Lab 12. Industrial Experience Details, if any Industry/Organization Start Date End Date Duration Designation Nature of work Pay of work 13. Teaching Experience Details, if any Institute/Organization Start Date End Date Duration Designation Nature of work Pay of work Scale 14. R & D Experience Details, if any Institute/Organization Start Date End Date Duration Designation Nature of work Scale 14. R & D Experience Details, if any Institute/Organization Start Date End Date Duration Designation Nature of work Scale 15. Administrative Experience Details, if any Institute/Organization Start Date End Date Duration Designation Nature of work Scale 15. Administrative Experience Details, if any Institute/Organization Start Date End Date Duration Designation Nature of work Scale 16. Courses Taught during last 3 years, if any Icours	11.	Post Doctoral Fellowship Deta	ails, if any					
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Course TitleLevel (UG/PG)BranchNo. of								
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				Level (U	G/PG)	Branch	1	

	Nature		Published (SC		In-Press (SCI/Scopus)		
	(i) Refereed Journals	National					
		International					
-	(ii) Conference Proceedings	National					
		International					
18.	Number of Books Published:						
	Title of the Book	Name of Author(s)	Name of the Publisher	ISBN No.	Year of Publicati on	Reprin No./ Edition No.	
19.	Number of Chapters Publishe	ed:					
	Title of the Chapter & Book	Name of Author(s)	Name of the Publisher	ISBN No.	Year of Publication	Reprin No./ Editic No.	
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20							
20.	Editor of Journals Name of th	ne Journal	Name of	the Publish		ional	
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21.	Reviewer of Journals						
	Name of th	ne Journal	Name of	Name of the Publisher			
1							

Ph.D. Thesis Supervised		Completed:				-going		
Title of the Thesis	s 	Re	esearch	i area	Year			Comp eted/ On- going
			ecializa	ition				pervisor/ uperviso
Number of Patents: Name of Patent	Awardir	 	Regis	stration No.	Dat	e & Year	of	Submitte
	Organizat	.101				Award		d if any
Sponsored/ Industry Projects	Со	mpleted	:			On-go	ing:	
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Title of the Project							d	PI/ Co- investiga
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27.	Number of Awards/ Honour	/Drizac/Madala				
27.		s/Prizes/iviedals:				
	Awarded (Title)					
	Proposed, if any					
28.	Number of Short-Term Cou	rses/Workshop/ Sy	mposiums/S	Seminars Condu	ucted:	
_	Type of the	Name of 1		Sponsoring	Period of	Coordinator
	Course/Workshop etc.	Course/Works		Agency	Course	/ Co-
	1		1	8 5		Coordinator
29.	Membership/Fellowship in l	Professional Bodies	s if any			
		rofessional Body	•	Membership	status (Life/ An	nnual)
30.	Your immediate short-term					
	and Laboratory facilities (eq	uipment, space, fu	nds, manpo	wer) that you w	ill need for the	same
	(i) Research					
	(ii) Laboratory Developmen	t				
31.	List the courses you would l		IT Ranchi.			
	Course Titl	e(s)		Leve	el (UG/PG)	
32.	List the courses you would l	ike to teach at IIIT	Ranchi.			
	Course Titl			Leve	el (UG/PG)	
33.	Number of Countries Visited	4.				
55.	Country Name		Perio	d	Purpos	e of visit
			1 01100	u		

34.	Mention notice period needed for joining if offered a post
35.	Application Fee:
	a. SBI Collect Transaction No & Date:
	b. Amount:
36.	Any other relevant information
50.	
37.	Reference :
	There should be two person resident of India holding the responsibility position, and they should be intimately acquainted with the applicants character and work, but must be relations. Where the
	candidates has been in employment, he should give either his present or most recent employer or
	immediate superior as a reference.
	1. Name :
	Occupation or Position :
	Address :
	Phone No. :
	Email
	2. Name :
	Occupation or Position :
	Address :
	Phone No. :
	Email :

	List of Enclosures (Academic and Professional Qualifications)
	(i)
	(ii)
	(iii)
	(iv)
	(v)
	DECLARATION
	DECLAMATION
knowledg	solemnly declare that the information furnished in this application are true and correct to the best of my ge and belief. If at any time, I am found to have concealed/ suppressed any material/ information or given details, my appointment shall be liable to be summarily terminated without notice of compensation.

Place:

Date:

Signature of the Applicant

INDIAN INSTITUTE OF INFORMATION TECHNOLOGY RANCHI

Summary Sheet of application for the post of Visiting Professor

Name of	Candidate	
SL.No	Certificates/other items	Response
1	Ph.D. Degree certificate (Provisional/ Awarded)	
2	M.Tech (% of marks and Class/division)	
3	B.Tech (% of marks and Class/division)	
4	% 12 th Marks	
5	% 10 th Marks	
6	Teaching Experience (in year and months)	
7	Research Experience (in years and months)	
8	Industry Experience (in years and months)	
9	Patients (If any)	
10	SCI Publication	
11	NOC From Present Organization	
12	Date of birth proof	
13	SC/ST/OBC/EWS Certificate	
	PwD Certificate (if required)	
14	DD No, Name of Bank & Date of Issue	
15	Speed Post/Registered Post	
16	Have you any relation among the employee of IIIT Ranchi? (Yes/ No) If yes, provide details:	