



SURYA ENGINEERING COLLEGE, ERODE
(Approved by AICTE, New Delhi & Affiliated to Anna University, Chennai)
Erode - Perundurai Highway, Mettukadai, Erode - 638107.
Ph.0424-2555018 | Mobile No:98425 11455 | Email: secerode@gmail.com

APPLICATION FORM FOR FACULTY POSITION

Qualification With Specialization

Affix Photo

UG :

PG :

Post: AP / ASP / Prof

Department :

Reference : Advertisement in _____ appeared on _____

PERSONAL DETAILS

1. Name:

2. Father / Husband Name:

3. Date of Birth:

4. Age:

5. Sex:

Male

Female

6. Nationality:

7. Religion:

8. Community : FC / BC / MBC / SC / ST

(For Statistical Purpose only)

9. Caste:

(For Statistical Purpose only)

10. Marital status : Married / Un-Married

If married, **Spouse : Employed / Unemployed**

No. of Children :

Address for Communication

_____ PIN

Phone No. with STD Code:

Mobile No

:

Email id.

:

ACADEMIC QUALIFICATIONS * (From X Std onwards)

| No | Degree | Specialization | Month & Year of Passing | Full time / Part time / Distance Education | Agg. % / CGPA | Name of the Institution studied | Name of the Board / University |
|----|-----------|----------------|-------------------------|--|---------------|---------------------------------|--------------------------------|
| 1. | X – Std | | | | | | |
| 2. | XII – Std | | | | | | |
| 3. | Diploma | | | | | | |
| 4. | UG | | | | | | |
| 5. | PG | | | | | | |
| 6. | M.Phil. | | | | | | |
| 7. | Ph.D. | | | | | | |
| 8. | Others | | | | | | |

* Copies of certificate must be submitted at the time of Interview.

PROFESSIONAL EXPERIENCE *

Teaching (in Engineering Colleges only) in chronological order

| Sl.No. | Designation | Institution | Duration | | Experience (in years) | |
|--------|-------------|--------------|----------|----|-----------------------|-------|
| | | | From | To | Year | Month |
| | | | | | | |
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| | | TOTAL | | | | |

* Copies of certificate must be submitted at the time of Interview.

Others (Industry, Research, Teaching in Arts College / Polytechnic / School) – chronological order

| Sl. No. | Designation | Institution | Duration | | Experience (in years) | |
|---------|-------------|--------------|----------|----|-----------------------|-------|
| | | | From | To | Year | Month |
| | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | TOTAL | | | | |

SKILL DEVELOPMENT PROGRAMMES [FDP / STTP / WORKSHOPS ATTENDED]

| Sl. No. | Programme | Duration | | Institution |
|---------|-----------|----------|----|-------------|
| | | From | To | |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |

* Copies of certificate must be submitted at the time of Interview.

PUBLICATIONS

| | |
|---|---|
| Book Publications (give the title, publisher & year of publication) | 1. 2. 3. |
| Paper : Journal Publication (give the no. of publications) | International : <input type="text"/> <input type="text"/> National : <input type="text"/> <input type="text"/> |
| Paper : Conference Publication (give the no. of publications) | International : <input type="text"/> <input type="text"/> National : <input type="text"/> <input type="text"/> |

* Copies of certificate must be submitted at the time of Interview.

SEMINARS / CONFERENCES

| | |
|--|--|
| <p>Seminars / Conference Organised (give the Conference Theme and the date)</p> | |
| <p>Seminars / Conference attended (give the number)</p> | <p>International : <input type="checkbox"/> <input type="checkbox"/></p> <p>National : <input type="checkbox"/> <input type="checkbox"/></p> |

* Attach Photo copy of relevant certificates.

ANY OTHER INFORMATION

| | |
|--|---|
| <p>Sponsored Research Projects Undertaken</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <p>If 'yes', provide details</p> | |
| <p>Membership in Professional bodies</p> | <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> |
| <p>Awards & Achievements (if any)</p> | |

I declare that the above particulars furnished by me are true to the best of my knowledge

Place :

SIGNATURE OF THE CANDIDATE

Date :

[With Name]

| |
|---|
| <p>* Attach Photo copy of relevant certificates / documents wherever necessary.</p> |
|---|

Office Use

Date of Interview : _____

Selected for the post: _____

Salary details: _____

PRINCIPAL

CHAIRMAN