



Indian Institute of Science

Bangalore 560 012, INDIA.

Tel : 22932241, 22932231, Telefax : 080-22932231, 23600757

E-mail: regr@admin.iisc.ernet.in

Application for Appointment of UG(instructor)

Post Applied for Department

1. Name in Full

First Name

Middle Name

Last Name

2 Sex
MALE FEMALE OTHERS

3. Marital Status
MARRIED SINGLE

4. Date of Birth: 5. Nationality
DD M M Y YY

6. Address:

Present

Permanent

7. Mobile Telephone No

8. Telephone (Office)

9. Telephone (Residence)

10 Telephone (Fax)

11. Email Id:

12. (a) Tick mark the appropriate box if you belong to reserved category
SC ST OBC

(b) Attested copy of certificate enclosed
YES NO

(c) Whether Physically Challenged
YES NO

(d) If Yes! tick mark the appropriate category
OH HH VH

(e) Percentage of Disability _____

(f) Attested copy of certificate enclosed
YES NO

13. Title of thesis : _____

14. Areas of specialization : _____

15. Academic record starting with graduation :(please attach xerox copies of degree certificate)

Degree	College / University / Institute	Year of Joining	Year of Leaving	Percentage	Class / Division

16. Employment (Particulars of your past position(s))

Employer	Position held	Date of Joining	Date of Leaving	Pay with Scale of pay

17. Professional Training Received

Year	Nature of Training	Duration	Organization where training was provided

18. Membership of Professional Bodies

Name of the Body	Status of Membership : Life / Annual

19. Important Conferences / Seminars attended

Year	Conferences / Seminars attended	Title of paper read (if any)

20. Names and addresses of three References (at least one of them should be familiar with your recent work)

Name			
Occupation or Position			
Address			
Fax			
E-mail			
Phone No			

21. Statement of Objectives

- a. Please indicate as to why you wish to join IISc Bengaluru
- b. How in your opinion do you meet the job requirements as advertised?
- c. A short paragraph about the research/teaching/development projects you would like to undertake and the courses that you would like to handle at UG and PG levels.

(Use a separate sheet if necessary)

22. I hereby declare that I have carefully read and understood the instructions and particulars supplied to me, and that all entries in this form as well as the attached sheets are true to the best of my knowledge and belief.

There are attached sheets along with this form.

Date :

Place :

.....
(Signature of Applicant)

Please provide the following information with application :
Use a separate sheet for each sub-heading in the format indicated. All annexures must bear your name.

a) TEACHING EXPERIENCE:

Serial No.	Title of course taught	Postgraduate or Undergraduate	Sole instructor or with others	Year
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b) POST GRADUATE THESIS SUPERVISION (Details of mentoring students) :

Serial No.	Name of the Student / research scholar	Title of thesis	Doctorate or Master's level	Year of completion (or in progress)	Co-guide(s) (if any)
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Indicate any special work done towards developing new courses or laboratories.

c) SPONSORED PROJECTS UNDERTAKEN :

Sponsoring Agency	Title of project	Amount of grant	Period	Co-investigators (if any)
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d) CONSULTANCY WORK DONE :

Organization	Title of project	Amount of grant	Period	Co-investigators (if any)
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e) INDUSTRIAL EXPERIENCE/INTERACTION :

Organization	Nature of work	Period
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f) CONTINUING EDUCATION PROGRAMMES CONDUCTED :

g) LIST OF PUBLICATIONS :

Enclose reprints of the best papers (about five) in your judgement
List those PUBLISHED and ACCEPTED separately

1. Papers in refereed journals
2. Papers in conference proceedings
3. Papers presented in conferences but not published
4. Books

h) DETAILS OF PATENTS

i) SHORT TERM COURSES/WORKSHOPS/SEMINARS ETC. ORGANIZED

j) AWARDS AND RECOGNITION

k) OTHER ACADEMIC AND CORPORATE ACTIVITIES

l) ANY OTHER RELEVANT INFORMATION YOU MAY LIKE TO FURNISH

Form to be sent through ugpr@ug.iisc.in with a copy to
mail to recruitment@admin.iisc.ernet.in

