



JB GROUP OF EDUCATIONAL INSTITUTIONS

APPLICATION FORM FOR FACULTY POSITIONS

IN ENGINEERING & PHARMACY

	Applicatio	Application for the Post of in				(Enginee	jineering / Pharmacy)						
1	Nomo: Dr. /Mr	/N/o					Photo						
Ι.	Name: Dr. /Mr		Ms (As per Official Records)										
2.	Father's / Spous	se's Name	:										
3.	Phone:	Mobile :											
4.	Email Id:												
5.	Present Addre	ss:											
				City/	Town								
	Permanent Address :												
7.	Date of Birth/ Age:												
	(DD/MM/YYYY) Caste: (SC/ST/BC/EBC/OC): Religion:												
	Specialisation : Department :												
10.	Qualifications :(\$	Starting fro	om Highest Deç	gree):									
	Qualification	Degree Awarded	Name of College / Institute /University	Constituent or Affiliated College	Studied from Year to Year	Year of Passing	Grade/ Aggregate Marks (%)						
	Ph.D												
	Post- Graduation												
	Graduation												
	Any Other Qualification												
						Continued	2						

11. Total Experience:/...Teaching:..../... Research: .../....Industry:/.....

Employer's Name and Address	Period of Service (Month & Year)		Designation	Gross Salary per Month (Rs.)	Reason for Change
	From	То			
Notice Period with the Pres		oyer : <u>Nation</u>	Months	nternational	<u> Tot</u>
(a) Journals	:				
(b) Conference Proceeding	-	. 5		,	
Present Salary: Rs			umentary Evidenc	0)	
Expected Salary: Rs	ρ	o.m			
Please write statement of	purpose (or give ar	ny other additiona	ıl informatior	n about your

Date:

Signature of the Applicant