



IIM

भारतीय प्रबंध संस्थान विशाखपट्टणम
Indian Institute of Management Visakhapatnam

Indian Institute of Management Visakhapatnam

Andhra Bank School of Business Building, Andhra University Campus, Visakhapatnam – 530 003, AP, INDIA
Tel: +91 891 2824 444 | e-mail: facultyrecruit@iimv.ac.in

Application Form for Faculty Positions (Ref. No.01/2019 dated April 17, 2019)

1. Application for the position of: (please tick ✓) <input type="checkbox"/> Assistant Professor (Grade-I) <input type="checkbox"/> Associate Professor <input type="checkbox"/> Professor	Space for photo
2. Desired nature of appointment: <input type="checkbox"/> Regular (full-time) <input type="checkbox"/> Adjunct/Practice-track (full-time)	
3. Area applying for (<i>select multiple areas, if applicable</i>): <input type="checkbox"/> Corporate Strategy <input type="checkbox"/> Decision Sciences <input type="checkbox"/> Economics & Social Sciences <input type="checkbox"/> Entrepreneurship <input type="checkbox"/> Finance & Accounting <input type="checkbox"/> Information Systems <input type="checkbox"/> Management Communication <input type="checkbox"/> Marketing <input type="checkbox"/> Organizational Behaviour & Human Resources Management <input type="checkbox"/> Production & Operations Management <input type="checkbox"/> Public Policy & Governance (including e-Governance)	

4. Please use the format given below only and provide complete data. Use additional sheets as needed and reference them suitably. All information furnished MUST be based on supporting documentation.	
5. <u>All</u> pages of the application and additional sheets/annexure (forming part of the application) must be duly signed, before submission of hardcopy by post/courier.	
6. At this stage of application, please DO NOT attach/submit copies of any certificates / supporting documentation. Such proof would be sought ONLY from short-listed applicants.	

1. PERSONAL DETAILS		
Full Name (in capital letters, with surname in the end):		
Date of Birth (dd/mm/yyyy):		
Contact Address with PIN/Zip Code:		
Contact Number:	E-mail:	
Gender:	Nationality:	Marital Status:
Category:		
<input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> Differently-abled Person <input type="checkbox"/> EWS <input type="checkbox"/> General		

2. EDUCATIONAL QUALIFICATIONS (in reverse chronological order):

S.No.	Examination	University/ Institution	Main Subjects	Year of Passing	% of Marks or CGPA	Class / Division	Distinctions (if any)
1.	Ph.D.						
2.	Post- Graduation (Master's Degree)						
3.	Professional Qualification (Please specify)						
4.	Graduation (Bachelor's Degree)						
5.	Higher- Secondary Class XII						
6.	Matriculation/ Secondary School/Class X						

3. TOPIC OF PhD/ EQUIVALENT

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4. FULL TIME WORK EXPERIENCE (in reverse chronological order):

S.No.	Employer	Duration of Service		Designation	Key Result Areas
		From (MM/YY)	To (MM/YY)		

Summary:

Total work experience: _____ years; _____ months

a. Teaching / Research Experience: _____ years; _____ months

i. As Assistant Professor: _____ years; _____ months

ii. As Associate Professor: _____ years; _____ months

iii. As Professor: _____ years; _____ months

iv. Teaching at bachelor's degree Level: _____ years; _____ months

v. Teaching at Master's / Doctoral Degree Level: _____ years; _____ months

b. Total Industry experience: _____ years; _____ months

c. Total other experience: _____ years; _____ months.

5. COURSES TAUGHT (IN THE PAST FIVE YEARS)

S.No.	Institution	Course Title	Level (Bachelor's/ Master's/Doctoral)	Year	Batch Size	Students' Feedback / Rating

6. INNOVATIONS IMPLEMENTED IN TEACHING

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7. RESEARCH PAPERS PUBLISHED IN THE PAST FIVE YEARS

S. No.	Journal	ISSN No.	Journal Rank / Category	List / Source for the Rank / Category	Title of the Paper	Whether first / sole author? (Yes/No)	No. of authors	Month & Year of Publication	Vol. No.	Issue No.

8. INNOVATIONS IMPLEMENTED IN RESEARCH

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9. CASE STUDIES AUTHORED IN THE PAST FIVE YEARS

S.No.	Publisher	Title of the Paper	Whether first/sole author? (Yes/No)	No. of authors	Month & Year of Publication

10. BOOKS / BOOK CHAPTERS ETC.								
S. No.	Title of the Book / Chapter	ISBN No.	Authored (or) Edited	Whether first/ sole author? (Yes/No)	No. of authors	Publisher	Year of Publication	Year of Latest Reprint

11. PAPERS PRESENTED IN CONFERENCES / SEMINARS / COLLOQUIA (IN THE PAST FIVE YEARS)								
S.No.	Title of the Event	Title of the Paper	Whether first / sole author? (Yes/No)	No. of authors	Month & Year	Organizer	Place	

12. RESEARCH PROJECTS/CONSULTANCIES TAKEN UP IN THE PAST FIVE YEARS							
S.No.	Project Title	Whether Principal Investigator / Project Leader? (Yes / No)	Sponsoring / Funding Agency & Value (in INR Million)	Client (If different from Sponsor)	Month/ Year of Award	Month / Year of Completion	Project Outcome

13. DOCTORAL GUIDANCE / SUPERVISION IN THE PAST FIVE YEARS							
S.No.	Institution	Name of the Scholar	Year of Registration	Research Topic	Your Role	Whether PhD Awarded	

14. EXECUTIVE EDUCATION PROGRAMS /WORKSHOPS/SEMINARS/CONFERENCES CONDUCTED (IN THE PAST FIVE YEARS)

S.No.	Type of Program / Event Conducted	Sponsor / Client (if any)	Theme / Title	Place	From (Date)	To (Date)	No. of Participants / Delegates	Your Role

15. ADMINISTRATIVE EXPERIENCE IN ACADEMIC INSTITUTIONS

Institution	Administrative Position Held	From (MM/YY)	To (MM/YY)	Major responsibilities	Notable Achievements / Significant Outcomes

16. AWARDS/ REWARDS / RECOGNITIONS / PROFESSIONAL AFFILIATIONS

S.No.	Appointing / Nominating / Recognizing Body	Month & Year	Brief details of Award / Reward / Recognition etc.

17. Professional References (Three)

- <Name, Designation, Organization, E-mail ID, Mobile No.>
- <Name, Designation, Organization, E-mail ID, Mobile No.>
- <Name, Designation, Organization, E-mail ID, Mobile No.>

18. Statement of Purpose (About 500 words):**19. Any other information you wish to highlight:****20. Declaration:**

I hereby declare that all the statements/particulars made/furnished in this application are true, complete and correct to the best of my knowledge and belief. I also fully understand that in the event of any information furnished being found false, incomplete or incorrect at any stage, my application/candidature is liable to be summarily rejected and if I am already appointed, my services are liable to be terminated from the post, without any notice and without prejudice to any other legal/penal action that the Institute may initiate, as deemed fit.

Signature of the applicant
(Name of the applicant)

Date:
Place: