

**Indian Institute of Management Visakhapatnam**

Gambheeram Village, Anandapuram Mandal, Visakhapatnam – 531 163

e-mail: postdoctoralprogram-office@iimv.ac.in

**APPLICATION FORMAT**

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| 1. Application for the Post-Doctoral Fellowship Program   Space for photo   1. Area applying for *[select tick (√) only one most applicable Area]*:  |  |  | | --- | --- | | ☐ Decision Sciences | ☐ Economics & Social Sciences | | ☐ Entrepreneurship | ☐ Finance & Accounting | | ☐ Information Systems | ☐ Management Communication | | ☐ Marketing Management | ☐ Organizational Behaviour & Human Resource Management | | ☐ Production & Operations Management | ☐ Public Policy | | ☐ Strategic Management |  |   *[Only one Area, which may be the most applicable to the candidate, should be selected. If multiple Areas are selected, the application is liable to be rejected].*  ------------------------------------------------------------------------------------------------------------------------------------   1. Only Indian nationals should apply. 2. 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. 3. At this stage of application, please DO NOT attach/submit copies of any certificates / supporting documentation. Such proof would be sought later, 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 Phone Number: E-mail:** |
| **Gender: Nationality: Marital Status:** |
| **Category:**  ☐SC ☐ ST ☐ OBC ☐ Differently abled Person ☐ EWS ☐ GENERAL |

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| **2. EDUCATIONAL QUALIFICATIONS** (in reverse chronological order): | | | | | | | | |
| S.  No. | Examination | Academic Title | University/  Institution | Main  Subjects | Year of Passing | % of Marks or  CGPA | Class /  Division | Distinctions  (if any) |
| 1. | Doctoral level: |  |  |  |  |  |  |  |
| 2. | Post-Graduation  (Master’s): |  |  |  |  |  |  |  |
| 3. | Professional Qualification:  *[Other than (2) above. Please specify]* |  |  |  |  |  |  |  |
| 4. | Graduation:  (Bachelor’s Degree) |  |  |  |  |  |  |  |
| 5. | Higher-Secondary /  Class XII: |  |  |  |  |  |  |  |
| 6. | Matriculation /  Secondary School / Class X: |  |  |  |  |  |  |  |

Notes:

1. The applicant shall be a PhD or equivalent. Those who DO NOT qualify for PhD Degree by the date of the joining, will not be considered.
2. All qualifications must be recognized in law.
3. If CGPA, both acquired and max. possible CGPA should be mentioned.
4. If CGPA, percentage equivalence should be quoted, as per the respective degree-granting institution norms.

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| **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, Pay-level and AGP-Academic Grade Pay (if applicable) | Key Result Areas | |
| From  (MM/YY) | To  (MM/YY) |
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Notes:

* Only full-time experience should be mentioned. Experience should not overlap.
* Only post-PhD experience details should be given.
* “Self-employment” shall not be counted as experience.

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| **5. COURSES TAUGHT (IN THE PAST THREE YEARS)** | | | | | | | |
| S.  No. | Institution | Course Title | Level (Bachelor’s/  Master’s/Doctoral) | Year | Number  of students  for the Course | No. of Contact Hours of Teaching in the Course | Students’  rating (\*)  of faculty |
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(\*) = Both obtained, and max. possible ratings should be mentioned.

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| **6. RESEARCH PAPERS PUBLISHED IN THE PAST THREE YEARS (Post PhD only)** | | | | | | | | | | | |
| 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. |
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| **7. CASE STUDIES AUTHORED IN THE PAST THREE YEARS** | | | | | |
| S.  No. | Publisher | Title of the Case | Whether first/sole author? (Yes/No) | No. of authors | Month &  Year of  Publication |
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| **8. 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 |
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| **9. 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 |
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| **10. AWARDS/ REWARDS / RECOGNITIONS / PROFESSIONAL AFFILIATIONS** | | | |
| S.  No. | Appointing / Nominating / Recognizing Body | Month &  Year | Brief details of Award / Reward / Recognition etc. |
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**11. Have you faced, in your educational and/or work career –**

**(i) Any disciplinary/penal action by the employer? YES / NO**

***(including, but not limited to extension of probation,***

***postponement of increment, demotion etc.)***

**(ii) Any action by any law-enforcement agency in India/abroad? YES / NO**

**If the answer to any of the above is “YES”, full details must be furnished.**

**12. Professional References (3); At least one out of the two References MUST be from academic institutions.**

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

**13. Statement of Purpose (Max. 2000 words):**

**14. Any other information you wish to highlight (Max. 500 words):**

**15. 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:

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