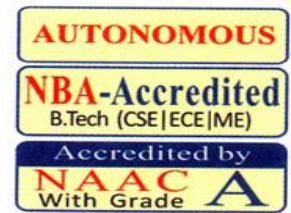




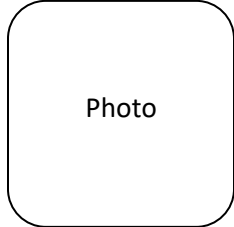
D V R & Dr. HS
MIC College of Technology

An ISO 9001:2015 Certified Institute
(Approved by AICTE & Permanently Affiliated to JNTUK, Kakinada)
Kanchikacherla - 521180, Krishna Dist, A.P, India.
Phone: 08678 - 273535, 9491457799
E mail: careers@micttech.ac.in, Website: www.micttech.ac.in



Name of the Post: Asst. Professor/ Assoc. Professor/ Professor

Department: _____



01. Full Name (As per SSC Certificate)

Surname	First Name	Last Name

a) Father's Name :

Mother's Name :

02. Date of Birth (As per SSC)

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--	--	--	--

Date

Month

Year

03. Gender (✓)

Male	
------	--

Female	
--------	--

04. Marital status

Married	
---------	--

Unmarried	
-----------	--

05. Aadhar No

06. PAN No

07. Correspondence Address with Pin Code

Permanent Address with Pin Code

Phone: _____
Email : _____

--

08. a) Academic Qualification:

SNo	Examination	Institution	Univ/ Board	Year of passing	%of marks	Specialization
01	Ph.D					
02	Post Graduation					
03	Graduation					
04	Inter/Diploma					
05	SSC					

: 2 :

(b) Technical :
Software skills if any

09. List of subjects Taught :

10. NET/SLET/GATE if any :

11. Details of Research publications in Journals (in last two years) :

a.

SNo	Name of the Author	Title of the paper	Nature		Name of the Journal	Volume Pages/Year
			National	International		
01						
02						
03						
04						

b. Details of Seminars/Workshop attended/organized (in last two years) :

Sno	Name of the Seminar/Workshop	Attended /Organized	Conducted at		Remarks
			Place	Date	
01					
02					
03					
04					

c) Online certification courses (NPTEL/ Courseera etc.,) :

: 3 :

12. Additional Responsibilities held :

13. Indicate the course of study, if any, the applicant is continuing presently

SNo	Course	Univ/Board/ Instn	Full time/ Part time	Duration of the Course	No. of Semesters/ Subjects Completed	% of marks

14. Experience :

S.No	Name & Address of Employer	Post held	Period		Reasons for leaving
			From	To	

15. Present Salary / Last drawn : Rs. _____ Expected Salary Rs. _____
(Proof to be attached)

Declaration

I hereby declare that the above information is true to the best of my knowledge. I also understand that I will be disqualified if any of the information furnished by me is found to be false.

Station:

Signature of the Candidate

For Office Use only

Interview Conducted on : _____ Salary Fixed per month: Rs _____

Interview Outcome : _____

Principal

C.E.O

Management Representative