



Institute of Law & Research Jasana Faridabad, Haryana-121101

(Approved by BCI & Affiliated to M.D.U, Rohtak)
Website-www.ilrfaridabad.com Email-ilr@ilrfaridabad.com

APPLICATION FORM FOR FACULTY POSITION

Post applied for: _____ Area: _____

Advertisement in _____ Dated: (DD/MM/YYYY) _____

A. PERSONAL DETAILS

1. Name in Full: _____ (As per documents)
2. Date of Birth: _____ (DD/MM/YYYY) Age as on 16.03.2023 : _____ years
3. Gender: _____
4. Marital Status: _____
5. Nationality: _____
6. Category: _____
7. **Aadhaar Card No.:** _____
8. Father's Name/Husband's Name: _____ (As per documents)

B. FULL ADDRESS FOR CORRESPONDENCE:

1. _____
2. Pin Code _____ 3. City and State _____
4. Phone No: _____ 5. Mobile No: _____
6. Email _____

C1. ACADEMIC DETAILS

Doctoral Details:

Degree: (Ph. D, NET etc.) _____

Institute/University _____

Topic: _____

Faculty Advisor/Supervisor: _____

Registration Date: _____ (DD/MM/YYYY)

Submission Date: _____ (DD/MM/YYYY) (expected date, if not yet submitted)

Date of Award of Degree: _____

(Research Experience excludes the experience gained while pursuing PhD)

NET QUALIFIED: YES/NO If Yes details: _____

C2. EDUCATIONAL QUALIFICATION*

	DEGREE	YEAR	INSTITUTE/ UNIVERSITY	SPECIALISATION	DIVISION/ GRADES
PG					
PG (Additional)					
UG					
UG (Additional)					
XII					
X					
Others (if any)					
Others (if any)					

*Please indicate your position in University/Board Merit: List if any

D. TEACHING EXPERIENCE

Institute / Univ.	Designation	From	To	No. of Months	Area/Subjects	AGP (Rs.)

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E. INDUSTRY EXPERIENCE

Organization	Research Projects	From	To	No. of Months	GP (Rs.)

F. PUBLICATION IN JOURNAL (Please mention details of 10 best publications)

Journal	Year	Title of the paper	Co-author	Vol.	Page No.	No. of Citations (Scopus/Web of Science/ICI)

G. BOOKS AUTHOR/EDITED

Name of the Book	Co-Author	Publisher	Year of Publication

H. Ph.D. SUPERVISION

Name of the Scholar	Year of Regn/Year of Awarding Degree	Topic of Research	University/Institute	Co Supervisors

I. RESEARCH PROJECTS UNDERTAKEN

Name of the Research Project	Co – Investigator	Funding Agency	Amount	Year	Status

J. CONSULTANCY ASSIGNMENTS UNDERTAKEN

Name of the Consultancy assignment	Organisation	Year	Status

K. FDP / WORKSHOPS AND SEMINARS CONDUCTED

Title of the Programme	Organization / Place	Year	Duration

L. SCHOLARSHIP, HONORS & AWARDS (Brief Details)

M. EXPERIENCE OF ADMINISTRATIVE RESPONSIBILITIES;

From	To	Position Held	Organization	Functions/Responsibilities

N. ANY OTHER RELEVANT INFORMATION THAT YOU MAY LIKE TO ADD

O. NAME AND ADDRESS OF REFEREES

Name of the Referee	Affiliation	Address	E-Mail	Contact No.

Declaration:

I hereby declare that the above information given by me is correct and complete to the best of my knowledge and no information has been distorted. If it is revealed that I have concealed or distorted any information my application may be rejected without any notice.

Date: _____

Name: _____

Place: _____

Email : _____