## MOTILAL NEHRU NATIONAL INSTITUTE OF TECHNOLOGY

(Deemed University) **Allahabad – 211004 (India)** 

Allahabau – 211004 (Iliula)

Personal Information Form (For Guest / Visiting /Adjunct Faculty Positions) Name of Candidate Post Applied Full Name Father's Name : General / SC / ST Category Sex : Date of Birth: Address for Correspondence: E-mail ID Phone No. Phone No. Mobile No. Fax (Residence) (Office) **Educational Qualification** S.No. Examination Board/University Year of Percentage/Grade Field of College/Institute Passed **Passing** specialization (UG/PG/Ph.D) Secondary 1. 2. Higher Secondary Graduation 3. 4. Post-Graduation 5. Doctoral Experience details in chronological order starting with most recent one: (Add details in separate sheet if required) Post Held Name of the **Date Start** Duration in years Pay Scale and present employer basic pay

| Teaching Experience: (in number of years):  |          |   |                   |  |
|---|----------|---|-------------------|--|
| Research Experience (in number of years):   |          |   |                   |  |
| Industrial Experience (in number of years):   |          |   |                   |  |
|   |          |   |                   |  |
|   |          | Number of Publications: (Add details in separate sheet)  Conferences Journals Books |                   |  |
|   |          | Voulinis  | 200110            |  |
|   |          |   |                   |  |
| Number of Thesis / Projects Supervised:   |          |   |                   |  |
| Post Graduate (in number)   |          | Ph.D. (in number)   | Ph.D. (in number) |  |
|   |          |   |                   |  |
| Sponsored Project coordinated (in number)*:  Consultancy Project undertaken (in number)*:  Number of Patents Held*:  Any other (Achievement / awards / contribution)  |          |   |                   |  |
| <b>DECLARATION</b>  |          |   |                   |  |
| I hereby declare that information furnished above is true to the best of my knowledge and belief. If at any time I am found to have concealed any materials information or given any incorrect date, my appointment, if made, may be terminated without notice or compensation. |          |   |                   |  |
| Date:   |          |   |                   |  |
| Place:  |          |   | Signature         |  |
| List of Enc   | losures: |   |                   |  |
|   |          |   |                   |  |
|   |          |   |                   |  |
|   |          |   |                   |  |

<sup>\*</sup> Kindly furnish details if any: