



**INSTITUTE OF COOPERATIVE AND CORPORATE
MANAGEMENT RESEARCH AND TRAINING**

467, Sector 21, Ring Road, Indira Nagar, Lucknow-226016.

Phone: 0522-2716431 Fax:0522-2716092

Application Form for Faculty Positions

Name of the Post Applied for _____

Area of Specialization _____

Affix recent

Passport size

Photograph

Duly attested

1. Name in Full (In Block Letters)	
2. Date of Birth / Age	
3. Father's Name	
4. Category (Please put \checkmark mark)	Scheduled Caste / Scheduled Tribe / Backward / General
5. Postal Address (With Phone No. & Email id)	6. Name & Address of the Institution Presently Working (Along with the Designation)

Present Salary: Basic Pay	D.A	H.R.A	Other Allowances	Total Rs.

7. Academic Qualifications (Please attach attested copies of certificates)

Certificate/Degree /Diploma	Year	College/University	Division	% of Marks / CGPA	Remarks

Signature of the Applicant

contd. Page 2

8. Teaching and Professional Experience

Position Held	Name of Organization	Period		Pay Scale	Nature of Work
		From	To		

9. Administrative Responsibilities handled :

10. Any other information (please attach separate sheet, if required):

11. References: Please mention any two names of referees (Preferably from the field of Academics)

1. Name: _____

Designation: _____ Org: _____

Address: _____

_____ Ph: _____ Mob: _____

2. Name: _____

Designation: _____ Org: _____

Address: _____

_____ Ph: _____ Mob: _____

Declaration

I hereby declare that the information given in this application are true and Complete to the best of my knowledge and belief and nothing has been concealed or distorted

Place:

Date:

Signature of the Applicant

(Name: _____)

Payment Details:

Demand Draft Number	Name of the issuing Bank	Date	Amount