**NATIONAL INSTITUTE OF TECHNOLOGY MEGHALAYA  
 Ad-hoc Faculty Recruitment – Autumn 2023**

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**Application form**

**Name of the Department applied for: Humanities and Social Sciences (HS)**

**Name of the Position: Assistant Professor (Ad-hoc) Management**

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| 1. **Name (in BLOCK LETTERS):** | | | | | | | | | | | | | | |
| 1. **Date of Birth:** | | | | | | | | | | | | | | |
| 1. **Category:** | | | | | | GEN | | | OBC | SC | | ST | | PwD |
|  | | |  |  | |  | |  |
| 1. **Address for communication:**   **Mobile number:**  **Email address:** | | | | | | | | | | | | | | |
| 1. **Educational Qualifications:** | | | | | | | | | | | | | | |
| Exam passed | Discipline/ Specialization | | Institute Name | | Year of Passing | | | Name of the Degree | | | %Marks/ CGPA | | Class/ Division | |
| UG |  | |  | |  | | |  | | |  | |  | |
| PG |  | |  | |  | | |  | | |  | |  | |
| Any other |  | |  | |  | | |  | | |  | |  | |
| PhD | Discipline/Specialization & Topic | | | | | | | Institute Name | | | Date of Submission | | Date of Award | |
|  | | | | | | |  | | |  | |  | |
| 1. **Experience (in chronological order, if any)** | | | | | | | | | | | | | | |
| Name of Organization | | Period | | | | | Designation & Nature of Duties | | | | | | | |
| From | | to | | |
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| 1. **List of paper publications, if any (Best 5): [SCI/SCIE/SSCI/AHCI/ESCI/SCOPUS]**   **[Name of author(s), year, topic, name of journal, Vol. / Issue details, page nos.]** | | | | | | | | | | | | | | |
| a) | | | | | | | | | | | | | | |
| b) | | | | | | | | | | | | | | |
| c) | | | | | | | | | | | | | | |
| d) | | | | | | | | | | | | | | |
| e) | | | | | | | | | | | | | | |

**Note: Scanned copies of self-attested supporting documents to be enclosed**

DECLARATION

“I hereby declare that the entries in this form are true to the best of my knowledge and belief. I understand that my candidature will be cancelled if any of the information is found to be false or incorrect. Further, if selected, I will abide by the rules and regulations of the institute and also the directions given to me from time to time.”

Place:........................................ Signature of the Applicant

Date:........................................ Name: .........................................