



ST. PAUL INSTITUTE OF PROFESSIONAL STUDIES



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Visit us at: www.spipsindore.ac.in; www.stpaulinstitute.ac.in, facebook: [stpaulinstituteindore](https://www.facebook.com/stpaulinstituteindore)

Application Form For: Faculty / Administrative Position

Please attach your
latest Self Attested
Coloured Passport Size
photograph.

Instructions to the Candidates:

1. Please fill **Page Two** in **BLOCK** letters only.
2. All testimonials should be attested by a **Competent Authority** before submission.
3. The duly filled in **Application Form** (fill in only the columns applicable to you) is to be **Handed Over** at the **Reception** or sent by **Registered Post**.
The **Institute** cannot be held responsible for any postal delay.
4. A **Hand Written Covering Letter** (in not less than 100 words), describing your reasons for choosing **SPIPS** as well as the suitability of your **Candidature** for the job applied, is a **must**.
5. On all matters the decision of the **Management** will be **Final**.

Reference:

Advt. No.:

Date:

News Paper/ Social Media:

Application for the Post of:	Department:
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1. **Name:** **Middle Name:** **Surname:**

2. **Gender:** Male / Female 3. **Date of Birth:** 3.1. **Age as on 1 January 2019:** years months

4. **Marital Status:** Single / Married 5. **Father's / Husband's Name & Surname:**

6. **Complete Address for Correspondence:**

City: **State:** **Pin Code:**

7. **Permanent Address:**

City: **State:** **Pin Code:**

8. **Contact Numbers:**

Mobile	Residence (with STD code)	Office (with STD code)

9. **Email ID:**

10. **Nationality:**

11. **Religion:** Hindu / Muslim / Sikh / Christian / Other:

11.1. **Category:** General / OBC / SC / ST

12. QUALIFICATIONS:

A) Educational Qualifications:

S. No.	Examination / Degree / Diploma	Year of Passing	Name of the Board / Institute / University	Marks Obtained / Out of	Percentage or Percentile	Grade or Division	Encl. No.
1.	Class X						
2.	10 + 2 or Equivalent						
3.	Graduation						
4.	Post-Graduation						
5.	M. Phil.:						
6.	Ph. D. (Broad Area):		University/Institute: Title of the Thesis:			Whether the Ph. D. is awarded under UGC regulation 2009 Yes / No	
7.							
8.							
9.							

B) Other Examinations Passed:

S. No.	Examination	Month & Year of Passing	Subject	Marks / Percentile / Grade	Encl. No.
1.	GATE				
2.	NET / SLET				
3.	Others				

13. EXPERIENCE:

A) Teaching Experience: (Total: Years Months; 1. PG: Years Months; 2. UG: Years Months)

S. No.	Name of the Post Held (Please begin with the most recent)	Salary (Monthly)	Name of the Employer	Date of Joining	Date of Leaving	Total Experience	Encl. No.

B) Administrative / Office / Other Professional Experience: (Total: Years Months)

S. No.	Name of the Post Held (Please begin with the most recent)	Salary (Monthly)	Name of the Employer	Date of Joining	Date of Leaving	Total Experience	Encl. No.

14. Computer Proficiency (Enclose Certificates, if any):

15. Research Experience (Enclose separate sheet of A4 size paper, if required):

16. Professional Achievements (Enclose separate sheet of A4 size paper, if required):

17. Provide the Following Details: (Enclose separate sheet of A4 size paper, if required)

The Number of:

- a) Thesis Supervised:
- b) Research Publications (Journal / Seminar): International Journals: National Journals: Conference Proceedings:
- c) Books Written / Reviewed (Own / Joint Authorship):
- d) Projects Undertaken / Completed / Developed:
- e) Refresher / Orientation / Workshop / Training Programme Attended or Organized:

18. Your Notable Achievements (Enclose separate sheet of A4 size paper, if required):

19. Awards / Honours / Scholarships (Enclose separate sheet of A4 size paper, if required):

20. Minimum expected salary (per month):

21. If selected, how soon would you be available to take up the appointment?

22. Any other relevant information to share (NCC / NSS / Sports / Others: Enclose Certificates, if any):

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23. References of two academicians of repute in the area:

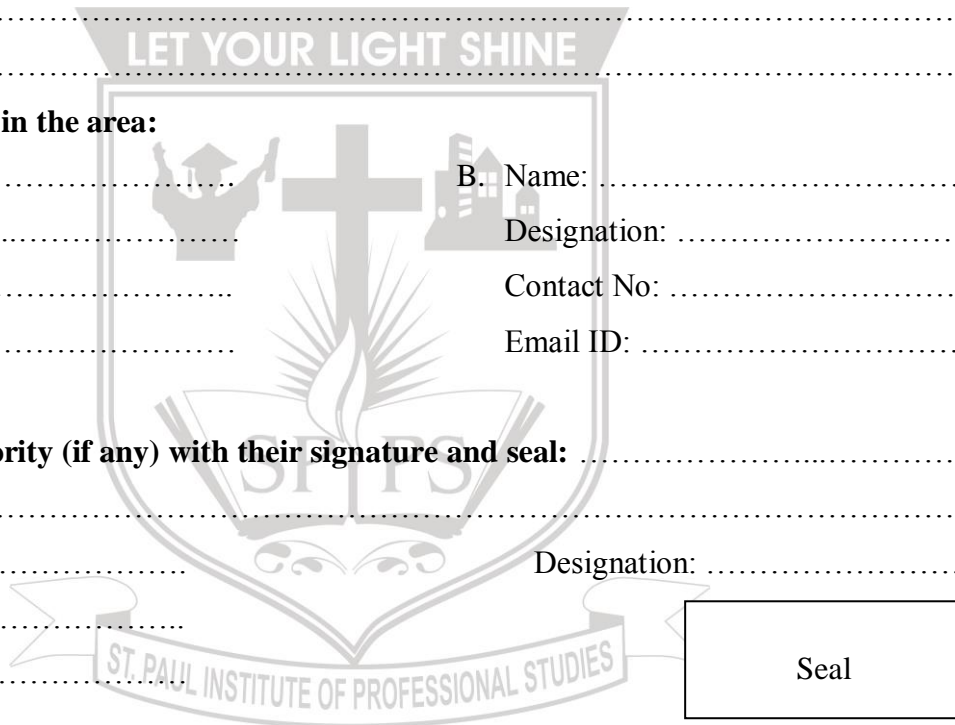
A. Name:
Designation:
Contact No:
Email ID:

B. Name:
Designation:
Contact No:
Email ID:

24. Recommendation of the forwarding authority (if any) with their signature and seal:

Name:
Contact No:
Email ID:

Designation:



I,, hereby, solemnly declare that the information given in this form is correct to the best of my knowledge and belief, and in case it is proved otherwise, I shall be liable for dismissal.

Place:

Signature of the Candidate:

Date: