





**12. Membership of Professional Bodies**

Name of the Body	Status of Membership : Life / Annual

**13. Oral presentation / Chairing Session / Chairing Conference**

Year	Conferences / Seminars attended	Title of paper read (if any)

**14. Names and addresses of five References\*** (at least one of them should be familiar with your recent work)

Name			
Occupation or Position			
Address			
Fax			
E-mail			
Phone No			

(Please type or write using **BLOCK LETTERS**)

**15. Statement of Objectives**

- a. Please indicate as to why you wish to join DIAT (DU), Pune  
 b. How in your opinion do you meet the job requirements as advertised?  
 c. A short paragraph about the research/teaching/development projects you would like to undertake and the courses that you would like to handle at UG and PG levels.

*(Use a separate sheet if necessary)*

**16. Please provide the following information with application**

**Use a separate sheet for each sub-heading in the format indicated. All annexure must bear your name**

**a) TEACHING EXPERIENCE:**

Serial No.	Title of course taught	Postgraduate or Undergraduate	Sole instructor or with others	Year
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**b) POST GRADUATE THESIS SUPERVISION:**

Serial No.	Name of the Student / research scholar	Title of thesis	Doctorate or Master's level	Year of completion (or in progress)	Co-guide(s) (if any)
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**Indicate any special work done towards developing new courses or laboratories.**

**c) SPONSORED PROJECTS UNDERTAKEN :**

Sponsoring Agency	Title of project	Amount of grant	Period	Co-investigators (if any)
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**d) CONSULTANCY WORK DONE :**

Organization	Title of project	Amount of grant	Period	Co-investigators (if any)
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**e) INDUSTRIAL EXPERIENCE/INTERACTION :**

Organization	Nature of work	Period
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**f) CONTINUING EDUCATION PROGRAMMES CONDUCTED :****g) LIST OF PUBLICATIONS :**

Enclose reprints of the best papers (about three) in your judgment  
List those PUBLISHED and ACCEPTED separately

1. Papers in refereed journals
2. Papers in conference proceedings
3. Books / Chapters in books

**h) SHORT TERM COURSES/WORKSHOPS/SEMINARS ETC. ORGANIZED****i) AWARDS AND RECOGNITION****j) OTHER ACADEMIC AND CORPORATE ACTIVITIES****k) ANY OTHER RELEVANT INFORMATION YOU MAY LIKE TO FURNISH**

**17. I hereby declare that I have carefully read and understood the instructions and particulars supplied to me, and that all entries in this form as well as the attached sheets are true to the best of my knowledge and belief.**

There are attached  sheets along with this form.

Date :

Place :

.....  
(Signature of Applicant)

**ENDORSEMENT OF THE EMPLOYER**

Ref. No. 0 0 0 0 0 0 0 0 0 0 0

Date 0 0 0 0 0 0 0 0 0 0 0

1. The application of \_\_\_\_\_ is hereby forwarded with the remarks that we have no objection to his/her application being considered.
2. Certified that the information given by the applicant in this application form has been checked/verified and found to be correct with reference to his/her service records.
3. Applicable in case of deputation: Attested copies of the applicant's confidential reports for the preceding five years alongwith vigilance/integrity certificates are enclosed.

Signature  
of the forwarding Officer  
(with office seal)

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**CHECK LIST**

- |    |   |       |                                     |    |                                     |
|----|---|-------|-------------------------------------|----|-------------------------------------|
| 1. | Have you signed the Application ?<br>(Tick ½ Yes or No)   | : YES | <input type="checkbox"/>            | NO | <input type="checkbox"/>            |
| 2. | Have you attached the Attested Copies of all the<br>Certificates/Testimonials ?<br>(Tick ½ Yes or No) | : YES | <input type="checkbox"/>            | NO | <input type="checkbox"/>            |
| 3. | Have you enclosed proof of Age ?<br>(Tick ½ Yes or No)  | : YES | <input type="checkbox"/>            | NO | <input type="checkbox"/>            |
| 4. | Have you enclosed requisite Demand Draft ?<br>(Tick ½ Yes or No)                                      | : YES | <input type="checkbox" value="NA"/> | NO | <input type="checkbox" value="NA"/> |
| 5. | Have you enclosed Attested Copy of<br>SC/ST/OBC/P.H.P. Certificate ?<br>(Tick ½ Yes or No)            | : YES | <input type="checkbox"/>            | NO | <input type="checkbox"/>            |
| 6. | Have you enclosed API details with supporting<br>Documents ?<br>(Tick ½ Yes or No)                    | : YES | <input type="checkbox" value="NA"/> | NO | <input type="checkbox" value="NA"/> |

**Bring filled application  
alongwith self attested  
copies of necessary  
documents**

