

AMBALA COLLEGE OF ENGINEERING AND APPLIED RESEARCH

Devsthali, P.O. Sambhalkha, Via Bihta, Ambala – 133101 Approved by Govt. of Haryana and All India Council for Technical Education (AICTE) Affiliated to Kurukshetra Univeristy, Kurukshetra

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APPLICATION FORM FOR FACULTY MEMBER

POST APPLIED FOR	:
1. Name (block letters)	:
2. Date of Birth	: 3. Marital Status
4. Correspondence Address	:
5. Permanent Address	<u>:</u>
6. Mobile No.	:7. Phone No
8. E-mail Id	:
9. Aadhaar No.	: 10. Blood Group:
11. PAN Card No.	:
12. Educational Qualifications	:-

Name of Institute	Exam Passed	Board/ University	Year of passing	Marks Obtained	Percentage of Marks	Division

13. Experience (Academic) :-

Sl. No. Ins	titute/ Organization	Designation	Period
Experience (Industries Sl. No. Ins	stry) :- titute/ Organization	Designation	Period
		Designation	10104
5. No. of Publications	: (a) National Conf	(b) International	Conf
	(c) National Journals	(d) International Jo	urnals
	(e) SCI Journals	(f) Impact Factor _	
attach separate sheet if	necessary)		
	Guided:	17. Ph D Thesis Guided_	
6. M Tech Dissertation			
	if any:		

21. Personal Details

20. Any other Information

(a) Father's Name and	Occupation:	

(b) Spouse's Name and Occupation:

(c) Home Town :				
(d) Name/Age of immediate Dependent	:			
(e) If you are selected, where you will sta	ıy? :			
(f) Will you stay on ACE Campus? :				
(g) Bank Account No. :	(h) Ba	nk Details:		
(j) Branch :	(k) IFS	(k) IFSC Code:		
(l) To impart high practical education, the	ne faculty is expected to	undertake research projects assigned by the		
college. Will you take up such projects?	Yes/No			
(m) Do you have any Medical Problem	:			
(If yes, please elaborate)	:			
(Name of the person filling the Form)		(Relationship with the Applicant)		
I certify that information provided above information provided will result in my im		of my knowledge. I understand that any false ualification from the job.		
(Signature of person filling (Sig	gnature of Applicant)	Date:		
the Form)				