Indian Institute of Management Indore Prabandh Shikhar, Rau-Pithampur Road, Rau, Indore 453 556 Tel: 0731 - 2439 666 Fax: 0731 - 2439 800

Website: www.iimidr.ac.in

Application Form

Position Ap	plied for:										
Area of Spe	cialization (p	ease sele	ct one a	area from the	e below options):						
Communica	tions	Marketii	ng	Economic	cs Opera	tions Mana	gement & (Quantitative	Techniqu	es	
Finance and	Accounting		Organiz	zational Beha	vior & HRM] н	umanities	and Social Sc	iences		
Strategic Ma	anagement	I	informa	ation Systems	;	Other (Plea	se specify)				
Research In	terest :										
Teaching Ar	ea:										
1. N a	me in Full:					Date of birth:				_ Gender(M/F)	
2. M a	niling Addres	ss:									
3. Co	ntact No				E-	mail					
4. (a)	Marital Stat	us:	(b) Nationality:	:(c) C	ategory (SC	/ST/NC-OI	BC/PWD/EW	S/Genera	al):	
5. Do	you have an	y relative	s work	ing in IIM Inc	dore? If yes, plea	se give deta	ils:				
6. Ed	ucational Qu	alification	ns (in re	everse chron	ological order):						
Ph <u>.D.</u>									1		
Name of Institute		University/ Institution/		Thesis topic		Date of defence o		Date of award of provisional		Date of award of degree	
		Boai	Board			thesis	_	degree (if any) (DD/MM/YYYY)		(DD/MM/YYYY)	
				1							
Fill details fi	rom standard	I X th onwa	ards:								
SI. No.	Examina			versity/	Subject	s	Year of	%age of m		Class/	
	Passe	d	Institut	tion/Board			passing	CGP	4*	Division	

^{*}Note: In case of CGPA, mention max .CGPA and, provide equivalent %-age marks if official conversion formula is provided by the Institution.

Indian Institute of Management Indore

Prabandh Shikhar, Rau-Pithampur Road, Rau, Indore 453 556 Tel: 0731 - 2439 666 Fax: 0731 - 2439 800

Website: www.iimidr.ac.in

7. Publications : Article published	ın FT50/	'ABDC /	'ABS/AIVIS	ranked	iournals- O	niv To	3D 5	articles
-------------------------------------	----------	---------	------------	--------	-------------	--------	------	----------

Author	Year	Title	Journal Name	FT50/ABDC/ ABS/AMS & Classification
				ABS/AMS &
				Classification

8.	Total full time work experience	years.
----	---------------------------------	--------

Organization Name	Type of experience (Teaching/Industry)	Designation	Permanent/ contractual	Full time/ Part time	From date	To date

^{*}Please provide teaching feedback (if any)

Please attached the following documents along with this form:

- 1. Detailed CV
- 2. Certificate for SC/ST/NC-OBC/PWD/EWS (if applicable)
- 3. Copy of all marksheets/degree
- 4. Copy of all experience certificates/proof of employment

I declare that the foregoing information is correct and complete to the best of my knowledge and belief and nothing has been concealed/distorted. If I am found to have concealed/distorted any material information, my appointment shall be liable to summarily termination without any notice. If offered appointment, I will join on specified date and subsequently take up IIM Indore's assignment anywhere as and when required.

Date:	
Place:	Signature of the Candidate