**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**](http://www.iimidr.ac.in/)

**Post-Doctoral Fellowship Application Form**

Last Date for Application: October 06, 2025; email “[pdfrecruitment@iimidr.ac.in](mailto:pdfrecruitment@iimidr.ac.in)”

Area of Specialization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Proposed Faculty Mentor at IIMI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 

Research Interest: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teaching Area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name in Full: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Gender(M/F/Transgender): \_\_\_\_
2. Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
     
   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Contact No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 
4. (a) Marital Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (b) Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 
5. Category (SC/ST/NC-OBC/PWD/EWS/General):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PWD (Yes/No)\_\_\_\_
6. **Details of PhD degree**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of University / Institute | Start Date | Date of Completion | Name of PhD guide | Thesis title |
|  |  |  |  |  |

1. **Educational Qualifications (in reverse chronological order):**

Fill details from standard Xth onwards:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Examination Passed** | **University/Institution/Board** | **Subjects** | **Year of Passing** | **%age of marks or CGPA\*** | **Class/Division** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

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

1. **Publications: Article published from PhD thesis**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Authors** | **Year** | **Title** | **Journal Name** | **DOI / website link** | **FT50/ABDC/ABS/AMS/SJR ranking** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. **Other Publication:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Authors** | **Year** | **Title** | **Journal Name** | **DOI / website link** | **FT50/ABDC/ABS/AMS/SJR ranking** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. **Total full-time work experience:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Years.**

|  |  |  |
| --- | --- | --- |
|  | **Organization Name** | **Year of experience** |
| **Teaching experience\*** |  |  |
| **Industry experience** |  |  |

\*Please provide teaching feedback (if any)

1. **Provide details of three academic referees from whom you have requested the reference letter to be sent directly to us.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and Designation** | **Affiliation** | **Email Address** | **Website Link** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**12.** Attach a separate sheet with the research statement of what you intend to do with the proposed faculty mentor. Establish the suitability of the choice of mentor and your ability to pursue the research on the proposed topic.

**Note - Please attach a detailed CV along with this form**

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 an appointment, I will join on the specified date and subsequently take up IIM Indore’s assignment anywhere as and when required.

**Date:**

**Place: Signature of the Candidate**