



**Indian Institute of Science
Bengaluru 560 012, INDIA.**

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Application for the position of Assistant Professor in Department of Management Studies

Instructions:

- The application form is a fillable PDF file.
- The PDF files of the filled-out form, and all other documents mentioned in the form, must be packaged in the same order into a single PDF file and emailed to:
 1. The Registrar, Indian Institute of Science at the email address: registrar@iisc.ac.in
 2. The Chairs of the preferred departments

1. Name in full:

First Name

Middle Name

Last Name _____

2. Sex: MALE FEMALE OTHERS

3. Marital Status:
 MARRIED SINGLE

4. Date of Birth:	<input type="text"/>
	D D M M Y Y Y Y Y

5. Citizenship Status

Citizen of

If not citizen of India, do you have the status of PIO/OCI

10 of 10

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Yes

No

6. Address:

Present

PhD Advisor/s:

Title of Thesis:

Areas of specialization:

15. Post-doctoral experience and previous employment (successive positions with the same employer should be listed separately; use an additional sheet if space here is insufficient)

Employer	Position held	Date of Joining	Date of Leaving

16. Preferred department/s where the application is to be considered:

17. Please provide PDF files of the following

(A) Curriculum Vitae with a list of all publications

(B) PDF files of up to 5 important publications

(C) Proposed research plan: your research plan should also include the required equipment and laboratory requirement along with the approximate cost.

(D) Proposed teaching plan

(E) Any other relevant information the applicant may like to furnish

18. Names and addresses of at least 3 referees who can comment on your doctoral and post-doctoral work

	Referee 1	Referee 2	Referee 3
Name			
Position			
Affiliation			
Address 1			
Address 2			
Address 3			
Address 4			
Email			
Phone			
Fax			

	Referee 4	Referee 5	Referee 6
Details			
Name			
Position			
Affiliation			
Address 1			
Address 2			
Address 3			
Address 4			
Email			
Phone			
Fax			

19. I hereby declare that all entries in this form as well as the information provided in the attached documents are true to the best of my knowledge and belief.

Date:

Place:

(Signature of Applicant)
Type your name in box above