

INDIAN INSTITUTE OF MANAGEMENT ROHTAK

Application Form (For Academic Associate Position)

Subject Area: _____

1. Name : _____
2. Father's/Husband's Name : _____
3. Date of Birth : _____
4. Male/Female : _____
5. Marital Status : _____
6. Nationality : _____



7. Educational Qualifications :

(Secondary/Matriculation onwards. Self-attested copies of certificates and mark sheets should be attached).

| Qualification | Board/ University | Date of Commencement | Date of Passing | % Marks | Course Duration (years) |
|---------------|----------------------|-------------------------|--------------------|------------|----------------------------|
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8. Work Experience (Post-qualification): (Starting from the most recent)

(Attach self-attested copies of certificates)

| Organization | Designation | Date of Commencement | Date of Leaving | Pay Scale | Gross Salary | Reasons for Leaving |
|--------------|-------------|-------------------------|--------------------|-----------|-----------------|------------------------|
| | | | | | | |
| | | | | | | |
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| | | | | | | |

9. Language Proficiency: (Please tick relevant cells)

| Language | Fluent in Speaking | Fluent in Reading | Fluent in Writing |
|----------|--------------------|-------------------|-------------------|
| English | | | |
| Hindi | | | |

10. Technical Skills : (Please tick relevant cells) (Attach copies of certificates)

A. Common for all Positions

| Skill | Excellent | Good | Average | Weak | Nil |
|-----------------------|-----------|------|---------|------|-----|
| Computer Operations | | | | | |
| Database Applications | | | | | |
| 10-Finger Typing | | | | | |
| Shorthand | | | | | |
| Any Other Skill: | | | | | |

11. References:

| Detail | Reference 1 (Present Employer) | Reference 2 (Previous Employer) |
|------------------|--|---|
| Name | | |
| Designation | | |
| Organisation | | |
| Contact Landline | | |
| Mobile No. | | |
| E-mail ID | | |

12. Address:

| Details | Permanent | Communication |
|------------------|------------------|----------------------|
| House Name/No. | | |
| Street/Locality | | |
| Town/City | | |
| District & State | | |
| Residence Phone | | |
| Mobile No. | | |
| E-mail ID | | |

13. Details of enclosures attached with the application:

1. 2.
3. 4.
5. 6.

14. Declaration:

It is hereby declared that all the information furnished above is true and correct to the best of my knowledge and belief.

Place : _____

Name : _____

Date : _____

Signature : _____