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Co-operative Academy of Professional Education (CAPE)

1st Floor, Co-Bank Towers, Vikas Bhavan P.O., Thiruvananthapuram – 695 033
Phone(Office) : 0471-2316236, 2317696; Fax : 0471-2310049

Application for the Post of **Professor**; Department.....

| | | | | | | |
|-----|--|---------------------------------------|-----------------|------------------|---------------------|------------------------|
| 1. | Name in full (in capital letters) | | | | | |
| 2. | Permanent address | | | | | |
| 3. | Address to which communications to be sent along with contact number(s). | | | | | |
| 4. | Age (in completed years as on 01-01-2013) and Date of birth in Christian Era | | | | | |
| 5. | Sex | | | | | |
| 6. | Place of birth(Village, Taluk, District & State) | | | | | |
| 7. | Religion and Caste. (In the case of OBC/OEC categories Non Creamy layer certificate issued by the concerned Revenue authority should be furnished for claiming reservation benefits) | | | | | |
| 8. | Are you (a) citizen of India by birth and/Or by domicile ? (b) If not furnish details | | | | | |
| 9. | Qualifications | | | | | |
| | Name of examination passed | Name of University/Board/Council etc. | Year of Passing | Class, Rank etc. | Percentage of Marks | Subject of examination |
| | B.E/B.Tech | | | | | |
| | M.E/M.Tech | | | | | |
| 10. | Research Degree (Give full details with subject specialisation, name of Institute or University and Professor under whom worked etc.) | | | | | |

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|-----|---|-----------------------------------|--------------------|--|
| 11. | Post Doctoral qualifications with name of the University/Institute | | | |
| 12. | Details of Books published, if any. <i>(Separate list may be attached, if necessary)</i> | | | |
| | Sl.No | Name of Book | Year of Publishing | Co-Authors |
| | | | | |
| 13. | Details of Research Papers published(International/National), if any. Enclose reprint of the best papers(about five) in your judgement <i>(Separate list may be attached, if necessary)</i> a. Journals | | | |
| | Sl.No | Author(s) | Year | Complete reference of Journal/Conference |
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| | b. Conferences | | | |
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| 14. | Employment Experience : <i>(Separate list may be attached, if necessary)</i> Teaching Experience/Industrial Experience/Administrative Experience a. Teaching/Research Experience | | | |
| | Sl.No | Institute/University Organization | Duration | Area(s) |
| | | | | |
| | | | | |
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| b. Industrial Experience | | | | |
|-------------------------------------|---|--------------|-------------------------------------|-------------|
| Sl.No | Duration | Organization | Title of Project and Nature of work | Designation |
| | | | | |
| | | | | |
| c. Administrative Experience | | | | |
| Sl.No | Duration | Organization | Nature of Responsibility | Designation |
| | | | | |
| | | | | |
| 15. | Project guided Under graduate level/P.G level/Ph.D | | | |
| 16. | Present employer's full address(if any) | | | |
| 17. | Any additional information which the candidate wishes to give in support of his application | | | |
| 18. | Particulars of documents produced to prove credentials | | | |
| 19. | Details of DD | | DD No. : | |
| | | | DD Date : | |
| | | | Name of Bank : | |
| 20. | References 1. 2. | | | |

I hereby certify that the information given above is correct to the best of my knowledge and belief. I agree to bind myself to the conditions of service of CAPE that may be drawn up from time to time.

Place : Signature of the applicant.....

Date : Name in block letters.....

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