



B.M.S. COLLEGE OF ENGINEERING, BENGALURU-19

Autonomous College under VTU / Approved by AICTE / Accredited by NBA

APPLICATION FOR FACULTY POSITION

Application No. _____

For the Post of: _____

Department: _____

Reference: _____

(Notification Number & Date)

Please Affix recent
Passport
(35 x 35 mm)
Photograph

1. Name in Full (In capital Letters only)			
2. Father's Name & Occupation			
3. Address for Correspondence			
4. Contact Number & email address	Mobile No : Email ID :		
5. Date of Birth			
6. Age as on the last date of submission of application (YY/MM/DD)			
7. Place of Birth			
8. Religion			
9. Caste			
10. Reservation Category (Enclose copies of Certificate issued by competent authority)			
11. Languages known			
Language	Read	Speak	Write

12. Highest Educational Qualification							
Details of Educational Qualification							
Degree	Course	Specialization	Name of the Institution	Year of Passing	Percentage of Marks	Class Awarded	
PhD							
POST GRADUATION (PG)							
ME / M Tech							
M. Sc.(Engg)							
M.Phil/M.Sc.							
M. Arch							
UNDER GRADUATION (UG)							
BE/B.Tech							
B. Arch							
Other							
13. Total No. of years of Research Experience							
Details (Use separate if required)							
Name of the University / Institution	Area of Research	Period					
		From	To	Total			
14. Total No. of Publications (National & International Journals, Conferences and Books with ISBN Number if any)							
For details of Publications (Please attach separate sheet giving details of journal/ impact factors and citations from Google scholar, Scopus and web of science)							
Title of the Paper	National / International	Year and Month of Publication		Conference / Journal			

15. Teaching Experience (Total No. of years)					
Details of Teaching Experience					
Name of the University / Institution	Designation	Period			
		From	To	Total	
				Years	Month

16. Industrial Experience (Total No. of years)					
Details of Industrial Experience					
Name of the Organization	Position Held	Period			
		From	To	Total	
				Years	Years

17. Affiliations to Professional Organizations			
Name of the Professional Body	Grade of Membership	Number of Membership	Year of Selection

18. Special Award / Achievements or any other information :

19. Consultancy:
(Please attach a separate sheet giving details of innovative consultancy projects executed in the last 5 years)

20. Sponsored/Collaborative Research Projects:
(Please attach a separate sheet giving details of the projects executed in the last 5 years)

21. Social Engineering:
(Please attach a separate sheet giving details of your involvement as solution provider for societal issues in the last 5 years)

22. Leadership (Applicable for Professor, Associate professor and R&D positions)
(Please attach a separate sheet indicating your role in providing leadership in any of the Academic /Research activities which were significant in your previous organization in the last 5 years)

23. Statement of Purpose (SOP):
(Please attach a separate sheet stating your purpose to join as a faculty member in BMSCE)

24. Details of the References				
Name	Occupation or Position	Address for Communication with Contact Number		
(Please furnish at least 2 testimonials from the reference who are acquainted with the character and work of the applicant. Attach the testimonials / reference letters separately)				
25. Declaration :				
I hereby declare that the information furnished in this application form is true to the best of my knowledge and behalf.				
Place:		Signature of the candidate		
Date:				
26. List of documents to be attached with the application				
Title of the document	No's	Please tick		
		Attached	Not Attached	
SSLC Marks Card or age proof document				
Bachelors Degree Certificate				
Bachelors Degree Marks cards				
Masters Degree Certificate				
Masters Degree Marks cards				
Ph.D. Degree Certificate				
Other Certificates (Please Specify)				
Research Experience Certificate				
Teaching Experience Certificate				
Industrial Experience Certificate				
Research Publications/ Papers				
Professional Membership Certificate				
Copy of Aadhar card				
Copy of PAN card				
Reference Letters				
Details of Fee Paid				
DD/Cash Chalan	DD/Cash Challan No.	Date	Amount	Bank & Branch Name

The Applicants are required to submit the filled in application form in duplicate to the following address.

To,
The Principal
BMS College of Engineering
PO Box No. 1908
Bull Temple Road
Bangalore-560019
Karnataka, India.
Phone: 080-22427424

Issued by the Office of the Principal, BMS College of Engineering, Bangalore