

Application No.__

B.M.S. COLLEGE OF ENGINEERING, BENGALURU-19Autonomous College under VTU / Approved by AICTE / Accredited by NBA

Please Affix recent Passport (35

APPLICATION FOR FACULTY POSITION

For the Post of:			x 35 mm)
Department:			Photograph
Reference:	1 0 5		
(Notification No	ımber & Date)		
1. Name in Full			
(In capital Letters only)			
2. Father's Name & Occupation	ı		
3. Address for Correspondence			
4. Contact Number & email add	lmaga	Mobile No :	
4. Contact Number & eman add	ness	Email ID :	
5. Date of Birth			
6. Age as on the last date of subapplication (YY/MM/DD)	mission of		
7. Place of Birth			
8.Religon			
9. Caste			
10. Reservation Category (Enclose copies of Certificate is authority)	sued by competent		
11. Languages known			
Language	Read	Speak	Write

12. Highest Ed	lucational	Qualifica	ation						
Details of Edu	cational Q	ualificati	ion			- 1			
Degree	Course	Special	ization	Name of the	Institution	Year of Passing	Percentage Marks	of	Class Awarded
PhD									
POST GRADI	JATION (PG)						l	
ME / M Tech									
M. Sc.(Engg)									
M.Phil/M.Sc.									
M. Arch									
UNDER GRA	DUATION	N (UG)							
BE/B.Tech									
B. Arch									
Other									
13. Total No. o	of years of	Research	ı Experi	ence					
Details (Use se	eparate if re	equired)							
Name of the		ity /		Area of Rese	earch		Perio	od	
Institution			Thea of Research			From		Total	
14. Total No. o Journals, Con any)		`							
For details of P from Google so					ring details o	of journal/in	mpact factors	and ci	tations
	e of the Pa	<u>-</u>		· · ·			onth of on	Conference / Journal	

Details of Teaching Experience							
Name of the University / Institution	Designation		I	Period			
		From	То	Total			
		Tiom	10	Years	Month		
16. Industrial Experience (Total No	. of years)						
Details of Industrial Experience							
Name of the Organization	Position Held		Period				
		From	То		otal		
				Years	Years		
17. Affiliations to Professional Orga	nizations						
Name of the Professional Body	Grade of		Number of		Year of		
· ·	Membership)	Membersh	ip Selection			
10.0	41						
18. Special Award / Achievements or	r any other inform	ation:					
19. Consultancy: (Please attach a separate sheet giving deta	ils of innovative cons	ultancy project	s executed in	the last 5 years)			
20. Sponsored/Collaborative Resear (Please attach a separate sheet giving deta		cuted in the las	et 5 years)				
21. Social Engineering: (Please attach a separate sheet giving deta	:10 of in	1	:1 6	ooiotal issues in	411		

(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)

22. Leadership (Applicable for Professor, Associate professor and R&D positions)

					Address	for Communication with	
Name		Occupa	tion or Position	on		Contact Number	
(Please furnish at least 2 t Attach the testimonials / 1			e who are acqua	ainted w	ith the characte	r and work of the applicant	
25. Declaration :							
I hereby declare that the behalf.	e information furn	ished in the	his application	n form i	s true to the b	est of my knowledge and	
Place:							
Date:					Sig	gnature of the candidate	
26. List of documents	to be attached wi	th the ap ⊤	plication	1	Ι	Please tick	
Title of the document		No's			Attached Not Attached		
SSLC Marks Card							
or age proof document							
Bachelors Degree Certi							
Bachelors Degree Mark	ks cards						
Masters Degree Certific	cate						
Masters Degree Marks	cards						
Ph.D. Degree Certificat							
Other Certificates (Plea							
Research Experience C	ertificate						
Teaching Experience C							
Industrial Experience C							
Research Publications/	-						
	ip Certificate						
Professional Membersh	1						
Professional Membersh Copy of Aadhar card	1						
Professional Membersh Copy of Aadhar card Copy of PAN card							
Professional Membersh Copy of Aadhar card Copy of PAN card							
Professional Membersh Copy of Aadhar card Copy of PAN card Reference Letters		Dot	ails of Fee Pa	aid.			

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: 080-26622130-35

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