



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

Autonomous Institute, Affiliated to 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 ID		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.						
UNDER GRADUATION (UG)						
BE/B.Tech						
Other						
13. Total No. of years of Research Experience						
Details (Use separate sheets, 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. Research grants (please attach a separate sheet)	Awarded (Numbers & In Rs.)		On-going (Numbers & In Rs.)		
16. Patents (please attach a separate sheet)	Filed	Published		Granted	
17. Consultancy (please attach a separate sheet)	Awarded		On-going		
18. Teaching Experience (Total No. of years)					
Details of Teaching Experience					
Name of the University / Institution	Designation	Period			
		From	To	Total	
				Years	Months
19. Industrial Experience (Total No. of years)					
Details of Industrial Experience					
Name of the Organization	Position Held	Period			
		From	To	Total	
				Years	Months
20. Affiliations to Professional Organizations					
Name of the Professional Body	Grade of Membership	Number of Membership		Year of Selection	
21. Special Award / Achievements or any other information : (please attach a separate sheet)					

22. Sponsored/Collaborative Research Projects: (Please attach a separate sheet giving details of the projects executed in the last 5 years)			
23. Social Engineering: (Please attach a separate sheet giving details of your involvement as solution provider for societal issues in the last 5 years)			
24. 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)			
25. Statement of Purpose (SOP): (Please attach a separate sheet stating your purpose to join as a faculty member in BMSCE)			
26. 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)			
27. Declaration :			
I hereby declare that the information furnished in this application form is true to the best of my knowledge and behalf. <div style="display: flex; justify-content: space-between;"> <div> Place: Date: </div> <div style="text-align: right;"> Signature of the candidate </div> </div>			
28. List of documents to be attached with the application			
Title of the document	Number of documents	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			

Title of the document	Number of documents	Please tick	
		Attached	Attached
Research Publications/ Papers			
Professional Membership Certificate			
Copy of Aadhar card			
Copy of PAN card			
Reference Letters			

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