



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

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

Bull Temple Road, Bangalore-560019

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	
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Details of Educational Qualification

Degree	Course	Specialization	Name of the Institution	Year of Passing	Percentage of Marks	Class Awarded
PhD						

POST GRAD UATION (PG)

ME / M Tech						
M.Sc.(Engg)						
M.Phil/M.Sc.						

UNDER GRA DUATION (UG)

BE/B.Tech						
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			
Bachelor's Degree Certificate			
Bachelor's Degree Marks cards			
Master's Degree Certificate			
Master's 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 No.	Date	Amount	Bank & Branch Name

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

To
The Principal
B.M.S. College of Engineering
Post 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