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Affix your
Passport Size Photograph
here.

**Management Development Institute Gurgaon**

Meharuli Road, Sukhrali, Gurugram – 122007

**Application Form for Faculty Position**

1. Name in Full:

2. Father’s / Husband’s Name:

3. Date of Birth: \_\_\_\_\_\_/ \_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ Age years’ months

4. (a) Gender: \_\_\_\_\_\_\_ (b) Marital Status: \_\_\_\_\_\_\_\_\_\_\_\_\_ Aadhaar No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Mailing Address:

Tel. No. Mobile:

E-mail (1): E-mail (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Permanent Address:

Mobile:

7. (a) Position Applied for: Choose an item.

Are you willing to be considered for a lower position: (YES/NO) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(b) Area of Specialization: Choose an item.

(c) Present Organization & Designation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(d) Did you previously apply for any post in this Institute? (Yes/No)\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, please provide details:

8. **Educational Qualifications (in reverse chronological order)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Examination /Degree** | **University/ Institution** | **Subjects** | **Year of passing** | **Regular /Part-time** | **% of Marks** |  **Grade/ Division** |
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9. **Full time Work Experience (in reverse chronological order)**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Name of the Employer** | **Period of Service** | **Duration of employment****(In years/months)**  | **Position/Designation** | **Temporary/ Permanent** | **Nature of Job** | **Scale of Pay & Basic Pay** |
| **From** | **To** |
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1. Name of the Ph.D. / Post Graduation Project Topic\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Total work experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ years/months
3. Total Post-Ph.D. Teaching Experience \_\_\_\_\_\_\_\_\_\_\_\_ years/months
4. Total Post-Master’s degree Experience\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_years/months
5. Total Research Experience\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years/months
6. Total Industry Experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ years/months

10. **Details of Publications and Research works (Please give list of most significant five research works published during last five years)** (Attach separate sheet for all publications):

**(a) Research papers -** International / National Journal

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **S. No.** | **Authors** | **Year of Publication**  | **Title of Paper** | **Journal****Name** | **Vol. No. pp.** | **JCR Impact factor of Journal** | **Scopus Citescore of Journal** | **ABDC** |
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(I) Total number of papers published in peer reviewed National Journals\_\_\_\_\_\_\_\_\_

(II) Total number of papers published in peer reviewed International Journals\_\_\_\_\_\_\_\_\_\_\_

 **(b) Total number of Books authored/edited**\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S. No.** | **Name of Book** | **Co-authors** | **Publisher** | **Year of Publication** |
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**(c ) Total number of papers presented in the International Conference**\_\_\_\_\_\_**\_/ National Conference**\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- |
| **S. No.** | **Co-authors** | **Year** | **Title of Paper** | **Conference** | **Organized by** |
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**(d) Total number of FPM/Ph.D. Supervision**\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- |
| **S. No.** | **Scholar’s Name** | **Year of Regn.** | **FPM/Ph.D. Topic** | **University/ Institution** | **Co-super-visor(s)** | **Status** |
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**(e) Total number of Cases (with Teaching Notes)**\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| **Sl. No.** | **Name of Case** | **Year of Publication** | **Publishing House** |
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11. **Total number of MDPs/Workshops/Seminars conducted**\_\_\_\_\_\_\_\_\_

(Please mention Best Five. Attach separate sheet for others.)

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| --- | --- | --- | --- | --- |
| **Sl. No.** | **Topic of MDPs/Workshops/Seminars**  | **Duration** | **Dates** | **Organisation & Place** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |

12. **Subjects taught at P.G. Level:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl. No.** | **Subject Name** | **No. of Students** | **Feedback** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |

13 (a). **Total number of Research Projects Completed\_\_\_\_\_\_\_\_\_\_**

(Please mention Best Three. Attach extra sheet if necessary)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Title of the Project** | **Funding Agency** | **Amount** | **Duration** | **Status****Completed / ongoing** | **Role Principal** **Investigator /** **Co- Investigator** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |

(b) **Total number of Consultancy Assignments**\_\_\_\_\_\_\_\_\_

(Please mention Best Three. Attach extra sheet if necessary)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Title of the Project** | **Client** | **Amount** | **Duration** | **Status****Completed / ongoing** | **Role Principal** **Consultant /** **Co- Consultant** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |

14. **Major Achievement of last 3 years**

(Please mention academic administration or academic outreach positions held. Attach extra sheet if necessary)

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**15. Professional References (Two)**

a. First Reference

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship with self: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail:

Mobile:

b. Second Reference

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship with self: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail:

Mobile:

16. Please indicate whether you are related to any of the employees of MDI Gurgaon or member(s) of the Board of Governors of MDI Gurgaon. – YES/ NO

If yes, please provide details.

Date: \_\_\_\_\_/ \_\_\_\_\_/\_\_\_\_\_\_\_\_\_

Place: ………………………………………..

Signature of the Candidate

**DECLARATION**

I declare that the information provided above is true and correct to the best of my knowledge. I understand that any mis-representation in the information above, discovered at any time, may lead to my disqualification/ termination.

Date: \_\_\_\_\_/ \_\_\_\_\_/\_\_\_\_\_\_\_\_\_

Place: ………………………………………..

Signature of the Candidate