



INDIAN INSTITUTE OF FOREST MANAGEMENT
(An Autonomous Institute of the Ministry of Environment, Forest & Climate Change,
Government of India)
P B No.01 (357), Nehru Nagar, Bhopal 462003 (MP, India)
Website : www.iifm.ac.in

APPLICATION FORM FOR FACULTY POSITIONS ON DEPUTATION BASIS

PHOTO

(a) Personal Information

01	Post Applied for (Only one post to be mentioned)	
	Faculty Area	
02	Name	Surname First Name Second Name
03	Father's/Husband's Name	
04	Date of Birth	Age : Date of Birth :
05	Cadre and year of allotment	
06	Contact Address	_____ _____ _____ Email :----- Tel. No. Mob :-----

(b) Educational Qualifications (In chronological order):

Degree/ Diploma*	Name of Institution/ University	Passing Year	Grade**/ Division	Percentage of marks	Main Subjects

*If Diploma, then whether it is equivalent to Degree, if yes, then details to be furnished like equivalence given by organization (AICTE/AIU etc.)

**In case, if the University/Institute has not awarded division, then equivalence certificate in terms of Grade from the University/Institution should be given.

(c) Areas of Specialization:							
a)							
b)							
c)							
(d) Teaching/Research/work experience:							
Total Years of Experience:							
i) Teaching : Years :				Months:			
ii) Research : Years :				Months:			
iii) Administration: Years :				Months:			
(e) Position Held in Detail:							
Sl. No.	Designation	Organization	From	To	Scale of pay	Gross Monthly pay	Nature of Job
(f) Details of Publications:							
i)	International refereed journal with citation:						
	1.						
	2.						
	3.						
ii)	National refereed journal with citation:						
	1.						
	2.						
	3.						
iii)	Other Publications, including Books/Monographs; Conference/Seminar proceedings with details:						
	1.						
	2.						
	3.						
(g)	Research projects handled with details :						
	1.						
	2.						
	3.						
(h)	Awards/Honors/Scholarships:						
	1						
	2						
	3						
	4						
(i)	Details of Academic Administration/Administrative Experiences:						
	1.						
	2.						

	3.
(j) Any other Information:	
	1.
	2.
	3.

Declaration by the Applicant

I hereby declare that all the particulars stated in the application & enclosures are true to the best of my knowledge and belief.

(Signature of the Applicant)

Place:
Date :

NB: Self attested copies of certificates/testimonials should be submitted along with the application.

List of enclosures:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

(To be filled in by the concerned State/UT Government/Forwarding Office)

1	Name of the applicant	
2	Cadre	
3	Year of allotment	
4	Date of superannuation	
5	Whether the officer is clear from Vigilance angle	
6	Are there any disciplinary proceedings pending against the officer (only the cases where charge sheets have been served)	
7	Has the officer ever been reprimanded/ penalized or debarred from deputation, if so the details thereof	
8	Whether Cooling off period is over or not	
9	Whether original/attested copies of ACRs/APARs of Last five years enclosed	

It is certified that the particulars given above about the officer are correct and that in the event of the officer being selected, the services of the officer shall be placed at the disposal of the Institute.

Name & designation of the Head of the : _____
Department of the State/UT or _____
the authorized Officer

(Office Seal)

Name and Signature of the officer concerned
in the State Government/UT Government

Date :
Place :