Dighi Hills, Pune 411015
Recognised by AICTE, DTE, Government of Maharashtra and affiliated with Savitribai Phule Pune University, Pune ID No. PU/PN/ENGG/108/1994

APPLICATION FORM (FOR TEACHING POST)

To The Principal

Army Institute of Technology Dighi Hills Pune 411 015.

Photo

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Sir	,				
	I wish to apply for	a position in you	ur Institute. The relevant	details are as follows:	
1.	POST APPLIED F	OR:			
2.	PERSONAL INFO	RMATION:			
2.1	l Full name:				
				•••••	
	(in CAPITAL letters)	(First name)	(Middle Name)	(Surname)	
	B Permanent addr	ess:			
2.4			Cell I		
2.5	5 E-mail address: .				
2.6	Date of Birth:	//	Age: Mari	tal Status:	
2.7	7 Category:	Religion: .	Caste:	Sub-Caste:	
3	. ACADEMIC QUA	LIFICATIONS: (In reverse order from h	igher qualification up	to
	S.S.C.)				

Sr. No.	Qualification /	Year of passing	Principal / Special	School / College /	Board / University	% of marks	Class / Grade			
	Degree		subject's	Institute						
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)			
1										
2										
3										
4										

1 - 1				
1 0 1				
1				

WORK EXPERIENCE: (In reverse order starting with current employment) 4 Period Last salary Sr. Institute / Management Total Post drawn No. From То Experience (1) (2) (3) (4) (5) (6)

4.1	Total Teaching Experience:
4.2	Total Industry Experience:

5 RESEARCH EXPERIENCE AND PUBLICATIONS:

Sr. No.	Database	Number of Publications	Out of which no. of Publications at the level of Associate Professor	No. of Publication after PhD.
1	Scopus Indexed			
2	Web of Science			
3	UGC Care List			
4	UGC Journals (Old List)			
5	Patents			
6	PhD			

Sr. No.	Title Of Paper	Details of Journals	Volume/ Issue No, & Page No.	Date /Month of Publication	Description (Scopus Indexed/Web of Science/UGC Care List/ UGC Journals-Old List)

6 LANGUAGES KNOWN

Language	Read	Speak	Write

7	EXTRA -CURRICULAR ACTIVITIES:
8	HOBBIES:
9	SPECIAL ACHIEVEMENTS:
10	ANY OTHER INFORMATION:
11	REFERENCES:
	(1)
	(2)
	I hereby certify that the information given in this application is true and

correct to the best of my knowledge and belief. I understand and agree that misrepresentation or omission of relevant facts will justify cancellation of application.

Date:

D1															
Place:	 				 										

(Signature of the Applicant)