



Indian Institute of Tourism and Travel Management
(An Organization of Ministry of Tourism, Govt. of India)
Govindpuri, Gwalior– 474 011 (MP)

APPLICATION FORM FOR ASSISTANT PROFESSOR

Details of Bank Payment

Paste one
passport size
colored photo
here

Demand Draft Number & Date	Amount	Name of the Bank
1.	Category of post applied for	
2.	Advertisement No.	
3.	Name of the applicant in block letters	
4.	Date of Birth	
5.	Gender	
6.	Nationality	
7.	Marital status	
8.	Whether belongs to SC/ST/OBC/PH (please attach attested copy of certificate)	
9.	Father's name	
10.	Permanent /address	
11.	Address for correspondence (with Phone No./Fax No./E-mail)	

1. Academic records beginning with high school examination:

Sr. No	Examination passed	Division (with per cent of marks)	Subject (s)	Year	Board/ University	Distinctions if any

2. Work experience with particulars of posts held:

Sl. No.	Post Held	Employer	Last Basic Pay Drawn with pay scale	Nature of work	Period with dates From- To

3. Teaching experience in years

Post Graduate	
Under Graduate	
Any other	

4. Research Experience :

No. of years after Ph.D	
Research Guidance	
Completed Ph.D	
On-going Ph.D	
Completed M.Phil.	
On-going M.Phil.	
Research Projects	
Completed nos. (with amount & funding agency)	
On-going nos. (with amount & funding agency)	
Publications	<i>Citation index and impact factor should be provided</i>
Research papers nos.	
Books nos.	
Articles nos.	

5. Specialization:

6. Other relevant experience

- (a) Seminar, Symposium, Conference attended / organized.
- (b) Administrative Experience / Experience of University Corporate Life.
- (c) Contribution to Design of Curriculum.
- (d) Extra Curricular Activities.
- (e) Any other.

7. Names and addresses of two referees (one may be the present employer):

(i)

(ii)

8. List of enclosures:

- | | |
|-----|------|
| (1) | (6) |
| (2) | (7) |
| (3) | (8) |
| (4) | (9) |
| (5) | (10) |

Note: All particulars should be supported by relevant documents.

DECLARATION

I certify that the foregoing information is correct and complete to the best of my knowledge and belief. I am not aware of any circumstances which may impair my fitness for employment in the IITM.

Date:

Place:

Signature of the Candidate

To be filled in by the forwarding authority

The applicant has been working in this office/organization as sinceand is still in service. We have no objection to his candidature being considered for the post he is applying.

Date:

Place :

Signature :

Designation :

Seal