

Excellence Centre of Pharmacy

An institute of

Institute of Entrepreneurship Development, U.P.

Application for Appointment of Faculty/Staff

(Please type or write using BLOCK LETTERS)

Advertisement No.	<input style="width: 100%;" type="text"/>
Post Applied for	<input style="width: 100%;" type="text"/>
Department	<input style="width: 100%;" type="text"/>

1. Name in Full

(Please underline surname)

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Married Single Male Female (Please tick)

2. Address:

Present

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Permanent

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Fax

Email

Telephone

Office	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Mobile	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

3. Date of Birth:

<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Day	Month					Year

4. Nationality

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5. Present Employment:

Designation	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Organization	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
			Date of Joining	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
			Scale of Pay Rs.	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
			Pay Rs.	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
			Total emoluments (per month) Rs.	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	

6. Basic pay expected at ECP-L as per advt.

Rs.

7. (a) Which Category do you belong to? (you must tick one)

General
 EWS
 OBC-NC
 SC
 ST

(b) Please tick the box if you qualify for consideration under 'Person with disabilities'.

8. Areas of specialization: _____

9. Current areas of research: _____

10. Academic record starting with graduation: (please attach Xerox copies (self-attested) of degree certificate)

Degree	College / University / Institute	Year of Joining	Year of Leaving	Percentage	Class / Division

11. Employment/Post-doctoral Experience [Particulars of your past position(s)]

Employer	Position held	Date of Joining	Date of Leaving	Pay with Scale of pay

12. Names and addresses of three References (at least two of them should be familiar with your recent work)

Name			
Occupation or Position			
Address			

Fax			
E-mail			
Phone No			
Your Relation with reference			

Please attach the below self-attested files as pdf documents

13. Statement of Objectives:

- (a) Indicating why you wish to join ECP-L
- (b) Do you meet the requirements of the advertised post and
- (c) A brief write-up about the research projects you plan to undertake and courses you would like to teach

13. Attach a detailed CV providing list of publications (with reprints of the best papers), teaching/ research/industrial experience along with this application.

I hereby declare that I have carefully read and understood the instructions and particulars supplied to me, and that all entries in this form as well as the attached sheets are true to the best of my knowledge and belief.

Date:

Place: **Signature of the Applicant**

The completed form should be sent along with all the requested attachments to

Director
Institute of Entrepreneurship Development, U.P.
A-1, A-2, Industrial Area, Sarojini Nagar, Lucknow, U.P. 226008
E-mail: director.ied@gmail.com
