

SETHU INSTITUTE OF TECHNOLOGY

An Autonomous Institution | Accredited with 'A++' by NAAC
Pulloor, Kariapatti TK Virudhunagar - 626115

APPLICATION FORM FOR RECRUITMENT Academic Year 2025-26

Reference: Advertisement Dated on _____					
For the Post of					
<input type="checkbox"/> Dean	<input type="checkbox"/> Professor	<input type="checkbox"/> Associate Professor	<input type="checkbox"/> Assistant Professor		
<input type="checkbox"/> Placement Officer	<input type="checkbox"/> Placement Trainer	<input type="checkbox"/> Administrative Officer			
Name of the Department:					
1.PERSONAL DETAILS					
Title	(Dr./Prof./Mr./Ms.)Ms.				
Name					
Father / Mother/ Husband Name with occupation					
Gender					
Marital status					
Age & Date of Birth					
Place of Birth & District					
Religion					
Community	<input type="checkbox"/> OC	<input type="checkbox"/> BC	<input type="checkbox"/> MBC	<input type="checkbox"/> SC	<input type="checkbox"/> ST
Nationality					
Persons with Disability	No If yes, please give details				
Address for Communication					
Phone Number/ Mobile Number					
Email Id					
PAN Number					

2. ACADEMIC QUALIFICATIONS*

(Commencing with the High School or an equivalent Examination)

S. No	Course/Degree	Specialization	Year of Passing	FT/PT /DE/ Week End	Class / Division	% of Marks/ CGPA	Name of the Institution	University	Distinctions/ Scholarship

***Attach photo copies of relevant certificates with hardcopy only**

Details of NET/SLET Qualification:

Whether Cleared NET/SLET & Year of Passing:

3. TEACHING/PROFESSIONAL/RESEARCH EMPLOYMENT*

(Give particulars in descending order starting with the present post.)

S.No	Name of the Employer	Post Held	Period of Employment		Experience		Nature of Duties/Work
			From	To	Years	Months	

***Attach photo copies of relevant certificates with hardcopy only**

4. DETAILS OF PUBLICATIONS

No of Publications in referred Journals*

International: **National** **:**

No of Publications in referred Conferences*

International: **National** **:**

Books Published*:

***Details may be closed separately with hardcopy only**

5. COMPLETED/ONGOING RESEARCH PROJECTS

Completed Research Projects

Sl. No.	Title of the Project	Name of the Funding Agency	Time Period	Grant/Amount mobilized (Rs.In Lakhs)

Ongoing Research Projects

Sl. No.	Title of the Project	Name of the Funding Agency	Time Period	Grant/Amount mobilized (Rs.In Lakhs)

6. DETAILS OF PROJECT/RESEARCH GUIDANCE

Degree and Programme	No. of Student(s) / Scholar(s) Enrolled	Project/Thesis Submitted	Degree Awarded
B.E/B.Tech			
M.E/ M.Tech/ MS / MCA			
M. Phil or Equivalent			
Ph.D. or Equivalent			

7. Patents/Awards/Recognitions obtained: If any, please give details

8. Industrial Consultancy offered:

9. MEMBERSHIPS IN PROFESSIONAL BODIES/LEARNED SOCIETIES

S. No	Professional Bodies/ Learned Societies	Membership Type	Membership Number	National/ International

10. EXPERIENCE ABROAD

S. No	Country Visited	Period of Visit		Purpose of Visit
		From	To	

11. LANGUAGES KNOWN

S. No	Language Known	Speak	Read and Write	Speak, Read and Write
1	Tamil			
2	Telugu			
3	English			
4	Hindi			
5	Other(s)			

12. Name, Address of the three persons to whom confidential reference could be made (not related by blood or marriage. They should be in a position to report the Suitability of the position you're seeking now).

S. No	Name of the Referee	Designation	Address of the Organisation	E-Mail ID	Contact Number

13. Additional responsibilities held in previous organization ,if any

14. Significant contributions made in the previous organization ,if any

15. a. Last total salary drawn:

b. Total salary expected:

16. Any other Information you would like to Present for consideration in support of your candidature
(Use separate sheet if necessary)

I hereby declare that all the information given in this application is true to the best of my knowledge and belief. I understand that if any of the information furnished by me above is found to be false at anytime, the college can summarily reject / terminate my candidature / service at any point of time.

Place:

Date:

Name:

SIGNATURE

For office use only.

Scrutinizing Committee verification:

Name	Signature	Remarks