



INSTITUTE OF COOPERATIVE MANAGEMENT - MADURAI

APPLICATION FOR THE POST OF LECTURER ON CONTRACT BASIS

1. Name of the Applicant :
(Write in **BLOCK LETTERS**)

2. Full Postal Address for
communication with PIN code:

3. Permanent Address :

4. Mail ID and Contact No. :

5. Date of Birth :
(Pl. attach Proof)

6. Religion :

7. Community : General/BC/MBC/SC/ST
(Pl. attach Proof)

8. Please tick whichever is applicable

a) Gender : Male / Female / Others (Please Specify)

b) Marital Status : Married / Unmarried

9. Please indicate languages known

| Sl. No. | Languages Known | Read | Speak | Write |
|---------|-----------------|------|-------|-------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

Affix your Recent
Passport size
Photograph

10. Educational Qualifications

(Start from the highest qualification and proceed up to SSLC and attach photocopies to establish your claim)

| S.No | Particulars of the Course | Subjects/ Specialisation | University/ Board | Marks Obtained with Percentage | Division/ Grade | Year of Passing |
|------|---------------------------|-----------------------------|----------------------|---|--------------------|--------------------|
| I. | | | | | | |
| II. | | | | | | |
| III. | | | | | | |
| IV. | | | | | | |
| V. | | | | | | |
| VI. | | | | | | |

11. Qualifying Exam Details:

NET / SLET / SET :

| Month | Year |
|-------|------|
| | |

12. Experience (Teaching Only) : Start from the latest and go backwards

| Sl. No | Name of College / Institution | Designation /Post held | Duration | | No. of years | Duties Performed |
|--------|-------------------------------|------------------------|----------|----|--------------|------------------|
| | | | From | To | | |
| I. | | | | | | |
| II. | | | | | | |
| III. | | | | | | |
| IV. | | | | | | |

13. Details of Publications :

| S.No | Name of the Article | Name of the Journal | Description of the Journal (ISSN, Impact Factor, etc) |
|-------------|----------------------------|----------------------------|--|
| I. | | | |
| II. | | | |
| III. | | | |
| IV. | | | |

14. Indicate areas of your interest other than academic :

**15. Briefly describe how can you contribute to the Training, Research and Consultancy activities of the institute?
(Attach in a separate sheet)**

DECLARATION

I hereby declare that the above information given above are true to the best of my knowledge and belief.

(Signature of the Applicant)

Note : N.B Separate sheet can be used for 10,12,13 & 15 if space provided is found insufficient.