



INDIAN INSTITUTE OF PLANTATION MANAGEMENT BENGALURU
(An Autonomous Organization of the Ministry of Commerce & Industry, GoI)

Photo

Application Proforma for the Post of Director

1) GENERAL INFORMATION:

a)	Name of the Candidate	
b)	Date of Birth (in figures & words)	
c)	Address for Correspondence	
d)	Permanent Address	
e)	Landline & Mobile Telephones	
f)	E-mail	

2) EDUCATIONAL QUALIFICATION:

Sl. No.	Qualification	Year/University/Institute/Board	Percentage/Grade	Subject(s)/Specialization
a)	Post-Doctoral			
b)	Ph.D.			
c)	Post-Graduation			
d)	Graduation			
e)	School			

3) POSITIONS HELD (BEGINNING WITH PRESENT POST/ASSIGNMENT – FULL TIME)

Name of the Post / Dates of Joining & Leaving	Name of the Organization	Description of Duties	Special Nature of Assignment, if any and Key Actions Taken	Experience in Years & Months

4) ACADEMIC POSITIONS (ON REGULAR FULL-TIME)

Sl. No.	Position	Organization	Duration		Experience (in years & months)
			From (date)	To (Date)	
1)	Professor or equivalent				
2)	Associate Professor or equivalent				
3)	Assistant Professor or equivalent				

5) TEACHING EXPERIENCE (PLEASE LIST COURSES TAUGHT AT DIFFERENT LEVELS)

Sl. No.	Year	Title of the Course	PGDM/M.Phil./ Ph.D./FPM/ Other	Core or Elective	Students Rating of Teaching Faculty (on a scale of 1-10*)
A) Under Graduate Level					
i)					
ii)					
iii)					
B) Post Graduate Level					
i)					
ii)					
iii)					
C) Doctoral Level Program					
i)					
ii)					
iii)					

* 1 - least; 10 - best

D) Executive Education

a) List and describe courses or programmes of which you have been the Course Director / Course coordinator

Sl. No.	Name of the Programme/Year	Duration of the Programme	Title / Content of Session	Overall Rating of Teaching Faculty
1)				
2)				
3)				

b) List and describe executive education programmes in which you have taught

Sl. No.	Name of the Programme/Year	Duration of the Programme	Title / Content of Session	Overall Rating of Teaching Faculty
1)				
2)				
3)				

c) Provide details of overseas teaching assignments undertaken, if any.

Sl. No.	Name of the Programme/Year	Duration of the Programme	Title / Content of Session	Overall Rating of Teaching Faculty
1)				
2)				
3)				

6) Students supervised for M.Phil. / Ph.D. or FPM Degree

Sl. No.	Year	Program M.Phil./FPM or PhD	Number of Students who have completed their dissertations – Direct Supervisor	Number of Students who have completed their dissertations - Member of Thesis Committee
1)				
2)				
3)				

7) ADMINISTRATIVE POST (FULL TIME)

Sl. No.	Name of the Post held / Organization	Description of Duties	Duration		Experience (in No. of Years & Months)
			From	To	
1)					
2)					
3)					

8) SIGNIFICANT RESEARCH PROJECTS UNDERTAKEN AND BRIEF DESCRIPTION
(Details to be annexed)

9) BOOKS PUBLISHED

Sl. No.	Name of the Book / Publisher / Year of Publication	Subject / Description
1)		
2)		
3)		

10) RESEARCH PAPERS PUBLISHED

Sl. No.	Subject / Title of the Research Paper (incl. ABDC/SCOPUS/WoS List of Journals)	Publication Details (Journal Name, Year, Edition, ISSN No., etc.)
1)		
2)		
3)		

11) AWARDS RECEIVED

Sl. No.	Name of the Award / Year of Award	Awarded by
1)		
2)		
3)		

Additional pages may be appended for giving details on (i) significant recognition by learned societies or professional associations for demonstrated achievements or leadership (ii) positions held over last 5 years as Chair or Member of any Government of India or other Committee (iii) List any public service activities engages in by the applicant.

12) Collaboration with Industry

Sl. No.	Name of the Industry	Year	Consultancy/Training
1)			
2)			
3)			

13) Collaboration with global and national university

Sl. No.	Name of the University	Collaboration (Combined / Exchange Programs)
1)		
2)		
3)		

14) Fund/Revenue generation

Sl. No.	Name of the Organization	Amount generated
1)		
2)		
3)		

15) APPLICANT'S VISION ON HOW SHE/HE PROPOSES TO DEVELOP THE INSTITUTION (IN 250 WORDS):

16) DECLARATION

I, hereby declare that all the statement / particulars made / furnished in this application are true, complete and correct to the best of my knowledge and belief. I also declare and fully understand that in the event of any information furnished being found false or incorrect at any stage, my application / candidature is liable to be summarily rejected and if I am already appointed, my services are liable to be terminated from the post without any notice.

Name & Signature of the Applicant

Date:
Place: