

BMS COLLEGE OF ARCHITECTURE, DESIGN & PLANNING BENGALURU – 560 019

(Approved by COA, AICTE / Affiliated to VTU, Belagavi)

APPLICATION FOR FACULTY POSITION

Application No.								
For the post of:						Please affix		
UG / PG:								
Reference:						photograph (35 x 35 mm)		
	(Notification	Numbe	r & Date)					
Name in Full (Capital Letters of	nly)							
2. Father's Name Occupation	&							
3. Address for Correspondence								
4. Contact Number & email address		Mobile No. : Email ID :						
5. Date of Birth (DD/MM/YYYY)								
6. Age as on the last date of submission of application (YY/MM/DD)								
7. Place of Birth								
8. Religion and Caste		Religion: Caste:						
9. Marital Status								
10. Reservation C (Enclose copies copies copies dissued by compete	of Certificate							
11. Languages k	nown							
Langua	age		Read	Speak		Write		

Details of Edu	ucational Qualifi	cation						
Degree	Specialization		Name of the Institution and University		Year of Percer with M / CG		arks	Class Awarded
Ph.D								
POST GRADUAT	ION (PG)							
M.ARCH / M.PLAN / M.Des								
ME / M.Tech								
M.Phil / M.Sc.								
M.Sc (Engg)								
UNDER GRADUA	TION (UG)				ı	1		
B. Arch / B.Plan / B.Des								
BE / B.Tech								
Other								
13. Total No. of y	ears of Researc	h Experien	ce					
Details (Use separate	e sheet if required)							
Name of the U		Are	ea of Research			Period		
Institution				From (Date) To		O (Date) Total (YY/MM/DD)		
14. Total No. of F	Publications (Na	tional & Int	ernational Journals,	Conferer	nces and B	ooks witl	h ISBI	N Number
	Publications (Pleascholar, Scopus,		separate sheet giving c science)	letails of j	ournal/ imp	act factor	s and	citations
Title of the Paper		National / International		Year and Month of Publication			Conference / Journal	

12. Highest Educational Qualification

Experience as per COA 15. Teaching Experience (T			he date of (COA registra	tion for Ar	chitecture l	-aculty)	
Details of Teaching Expe	rience							
Name of the University /	Desig	nation	Period					
		Full Time	Others	From	То	Years	Fotal Month	
16. Industrial Experience (T		years exclu	ding full tim	ne teaching e	experience	2)		
Details of Industrial Expe	rience	T		1				
Name of the Compar	nv/Firm	Position Held		Period				
матте от тте соттрату/гтт		r content tions		From	То	Years	Γotal <u>Month</u>	
16(a). COA Registration Nu Valid upto	mber							
17. Consultancy: (Please attach a separate she	eet giving de	tails of innov	ative consul	tancy project	s executed	in the last 5	years)	
18. Affiliations to Professio	nal Organis	ations						
Name of the Professiona	ll Body	Grade of Membership		Number o	of Members	ship Yea	ar of selection	
19. Details of the Reference	es							
Name	Occupation or Position		ddress for C	for Communication, Contact Number and Email-i				
(a)	0.1.00							
(b)								
(Please furnish at least 2 testimonial testimonials / reference letters sepa		ence who are a	cquainted with	the character an	d work of the	applicant. Attac	ch the	
20. Special Award / Achieve	ements or a	ny other inf	ormation					
21. Declaration :								
I hereby declare that the i behalf.	nformation fu	urnished in th	nis application	on form is true	e to the bes	t of my knov	/ledge and	
Place:								
Date:				Signa	ature of the	e candidate		

22. List of documents to be attached with the application							
Title of the document	No. of pages	Please tick Attached Not Attached					
SSLC Marks Card or age proof document		Attached	Not Attached				
Bachelor's Degree Certificate							
Bachelor's Degree Marks Cards							
Master's Degree Certificate							
Master's Degree Marks Cards							
Ph.D Degree Certificate							
CoA Registration Certificate							
Other Certificate / s (Please specify)							
Research Experience Certificate							
Teaching Experience Certificate							
Industrial Experience Certificate							
Research Publications / Papers							
Professional Membership Certificate							
Copy of Aadhar card							
Copy of PAN card							
Reference Letters							

The Applicants are required to submit the filled application form to the following address:

To,

The Director
BMS College of Architecture, Design & Planning
Bull Temple Road, Basavanagudi
Bengaluru – 560 019
Karnataka, India

Ph: 080-26622127 / 26622126