



## BMS SCHOOL OF ARCHITECTURE

Yelahanka, Bangalore 560064

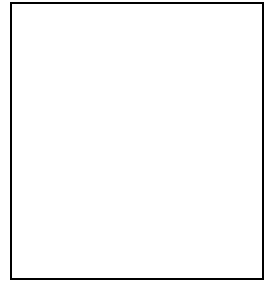
Application No. \_\_\_\_\_

For the Post of: Professor/Associate Professor/Assistant Professor

Faculty: BMS SCHOOL OF ARCHITECTURE, YELAHANKA

Reference: Website/News Paper/ any other

(Notification Number & Date)



1	Name in Full (Print in capital letters only)		
2	Father's Name & Occupation		
3	Gender	Male	Female
4	Date of Birth [dd / mm / yyyy]		
5	Age as on the last date of submission of application		
6	Address for Correspondence		
7	Contact Numbers	Landline	Mobile
8	Email ID		
9	Marital Status		
10	Nationality / Place of Birth		
11	Religion		
12	Category & Caste		
13	Any member of the family presently an employee of BMSSA or any other BMS Institution (If yes, provide details)		
14	Languages Known		
	To Read & Speak	To Read, Speak & Write	

15	Highest Educational Qualification	
16	COA Registration Number	

**17. Details of Educational Qualification**

Degree	Course	Specialization	Name of the Institution	Year of Passing	Percentage of Marks	Class Awarded
<b>Ph. D</b>						
<b>POST GRADUATION (PG)</b>						
M. Arch						
M Dip						
M.Phil.						
Others/ Specify						
<b>UNDER GRADUATION (UG)</b>						
B. Arch						
BE/B. Tech						
Others/ Specify						

**18. Total No. of years of Research Experience**

Details (Use separate sheet if required)

Name of the University / Institution	Area of Research	Period		
		From	To	Total

**19. Total No. of Publications (National & International)**

Details of Publications (if any, Please attach sheet if required)

Title of the Paper	National / International	Year and Month of Publication	Conference / Journal

<b>20.</b>	<b>Teaching Experience (Total No. of years)</b>					
Details of Teaching Experience						
Name of the University/Institution	Post held with pay scale/pay band with grade pay	Period		Total		
		From	To	Years	Month	

<b>21.</b>	<b>Industrial Experience (Total No. of Years)</b>					
Details of Industrial Experience						
Name of the Organization	Post held with pay scale	Period		Total		
		From	To	Years	Month	

<b>22.</b>	<b>Affiliations to Professional Organizations</b>		
Name of the Professional Body	Membership Type	Membership Number	Year of Membership

<b>23.</b>	<b>Details of the References:</b>		
Sl. No.	Name	Occupation or Position	Address for Communication with Contact numbers
(Please furnish at least 2 testimonials from the referees who are acquainted with the character and work of the applicant. Attach the testimonials / reference letters separately)			

<b>24.</b>	<b>Special Awards / Achievements or any other information</b>

<b>25.</b>	<b>Declaration</b>
I hereby declare that the information furnished in this application form is true to the best of my knowledge and belief.	
Place:	
Date:	Signature of the candidate

<b>26.</b>	<b>List of documents to be attached with the application</b>		
	Title of the document	Nos.	Please indicate
			Attached
	Aadhar Card		
	SSLC Marks Card or age proof document		
	Caste Certificate		
	Bachelors Degree Certificate		
	Bachelors Degree marks cards		
	Masters Degree Certificate		
	Masters Degree Marks cards		
	Ph.D. Degree Certificate		
	Other Certificates (Please specify)		
	Research Experience Certificate		
	Teaching Experience Certificate		
	Industrial Experience Certificate		
	Research Publications / Papers		
	Professional Membership Certificates		
	Reference Letters		
	Pay Slip		
	Appointment order of previous organization		

Details of Fee Paid				
DD/Cash Challan	Date	Amount	Bank	Branch

The applicants are required to submit the filled in application forms in duplicate to the following address & DD in favor of Director, BMSSA payable at Bengaluru.

To,  
**The Director,**  
**BMS School of Architecture Off:**  
BMSIT & M Campus, Avalahalli,  
Doddaballapur Main Road,  
Yelahanka, Bangalore-560064.  
Tel/Fax: 080-28463208  
Email: [bmssa.office@gmail.com](mailto:bmssa.office@gmail.com)  
[directorbmssa@gmail.com](mailto:directorbmssa@gmail.com)