



J.D. BIRLA INSTITUTE

Unit of Vidya Mandir Society

(Affiliated with Jadavpur University)

Recognised by UGC (12B & 2f)

Departments of Science, Commerce & Management

Main Campus: 11 Lower Rawdon Street, Kolkata-700020

Management Campus: 1 Moira Street, Kolkata-700017

Form No.: JDBI/STAFF/1

APPLICATION (YEARLY PERFORMANCE)

PERSONAL INFORMATION:

Name

Date of Birth

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 Age (in Years)

Marital Status No. of Children

Father's / Husband's Name

ACADEMIC QUALIFICATION:

Class	School / College	Board (University)	Subjects	% of Marks
School (Std XII)				
Graduation				
B.Ed				
Post Graduation				
MPhil				
PhD				
NET/SET/GATE				
Others (Specify)				

Current Designation

Department

Date of Appointment Date of Last Promotion

Address for Correspondence

..... Telephone No

Email

PROFESSIONAL DETAILS:

Membership in Professional Bodies

Orientation/Refresher Course and/or Summer School attended during the year

Name of the Course/Summer School	Place	Duration	Sponsoring Agency

Published Papers in Journals

Sl. No.	Authors	Title	Journal	Vol & Issue No.	Year	Page No.	ISSN/ISBN No.

Paper presented in Seminars & Conferences

Sl. No.	Title of Paper	Theme of Conference	Whether international/ National/state/regional/college or university level	Organizing Body	Date and Place of Conference	Page No.	ISSN/ ISBN No.

Poster presented in Seminars & Conferences

Sl. No.	Title of Paper	Theme of Conference	Whether international/ National/state/regional/college or university level	Organizing Body	Date and Place of Conference	Page No.	ISSN/ ISBN No.

Ongoing and Completed Research Projects and Consultancies

Sl. No.	Title	Agency	Period	Grant/Amount Mobilized (Rs. Lakh)

Resource Persons and Examiners at Other Organizations

Sl. No.	Title of Lecture / Exam	Appointing Institute	Class	Date

Degrees or fresh academic qualifications acquired during the year

Awards Won

Activities undertaken for College during the Session

Sl. No.	Activity Name	Date	Designation / Duty Assigned

Members may add any relevant information they deemed fit for their personal records.

I hereby declare that all statements made in the application are correct and complete to the best of my knowledge.

Signature of Staff (with Date)

Designation:

Place:

To be verified by HOD