## IIM CALCUTTA APPLICATION FOR ACADEMIC ASSOCIATE

Name of the Applicant:  (In Capital Letters)								Affix your recent coloured photograph		
				(In	Capital Let	ters)			P	notograpn
2. Gend	er	: M		F						
3. Date	of Birtl	n :				(DD/MN	Л/YY	YY)		
4. Name	e of Par	rents : Father :			M	other:				
5. Marit	al Statı	us : Mar	ried [	Single	Othe	er (Please S	pecif	y)		
		Address :								
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7. Maili	ng Add	lress:								
			🗓			_E-mail id				
8. Acad	emic R	ecord:								
Degree		Name of School / College			Year of Passin g	1   -		Agg. Mar Full Mark		
	1									
High	<u>ndary</u> er				1					
Secon	ndary									
Grad	uatıo									
Post										
Grad n	uatio									
Other	rs									
9. Work	Exper	ience:								
S.								r Nature of onsibility		
	No Name of the Organization From To Duratio r					respon	SIUIIII	y		
						(months				
<del>                                     </del>						<del>                                     </del>				

(	 Extra lines/sheet if requ	uirad)\									
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IU. EX	tra Curricular Activitie	es, rnzes wo	on, Accolade	s (in detail)	).						
11. Ac	ademic Stream that the	e candidate c	ould serve (	Tick all tha	t apply):						
(i)	Business Ethics and Communication	(ii)	Economics		(iii)	Finance & Accounting					
(iv)	HRM	(v)	Marketing		(3/1)	Management Information Systems					
(vii)	Organizational Behaviour	(viii)	Operations Managemen	nt 🗌	(ix)	Public Policy Management					
(x)	Strategic Management	(xi)	Other (Please spec	cify) —							
DECL	ARATION										
	rstand that this is a full te to effectively dischar			of IIM Cal	cutta can	npus in Kolkata. I am willing	g to				
The in	formation entered by	me in the ar	oplication for	rm are true	and cor	rect to the best of my knowl	ledge. I				
take fi	ull responsibility for	the informa	tion provide	ed. In case	e there a	re any errors or omissions	in the				
information provided by me, I take full responsibility for the same and will not hold the Institute or any of its employees or officers responsible for the same or its consequences.											
res erri	or officers resp	onsioie for t	ine sume of f	its consequ	ciices.						
Date :											
Place:						Signature of the Candidate					