

NARMADA EDUCATION & SCIENTIFIC RESEARCH SOCIETY (NEST)

Training Center, GNFC Ltd., Narmadanagar, Bharuch – 392015

Application Form for the post of “Director” in MBA

For office use only: <u>MBA-DIR/</u>	FORM No: _
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Paste here
2.5 cm L x 2.5
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Recent
photograph

Duly filled & signed form to be reached latest by 10-10-2025 to:

Director, Narmada College of Management, Zadeshwar, Bharuch – 392 011

ELIGIBILITY [For reference] It should be as per latest GTU and AICTE norms available on website	Qualifications for Director: (Level – 14) a. Ph. D. degree and First Class or equivalent at either Bachelor’s or Master’s level in the relevant branch b. At least two successful Ph.D. guided as supervisor / Co-Supervisor and minimum 8 research publications in SCI journals / UGC / AICTE approved list of journals. c. Minimum 15 years of experience in teaching / research/ industry, out of which at least 3 years shall be at the post equivalent to that of Professor.
PAYSCALE:	Pay band Rs. 37400-67000, AGP Rs. 10,000

* Personal Details (Tick appropriate box wherever appears)

1	Name (Surname First)			
2	Gender	Male: •; Female: •		
3	Birth date	(DD/MM/YYYY)		
5	Marital Status	Unmarried: •; Married: •; Divorcee: •; Widow: •		
6	No of children	Nil: •; One: •; Two: •; More than two: •		
7	Languages (Underline Mother tongue)	Rating: Fair-1; Good-2; Very good-3; Certified-4 (attach certificate)		
		Read	Write	Speak
i	English	1: •; 2: •; 3: •; 4: •	1: •; 2: •; 3: •; 4: •	1: •; 2: •; 3: •; 4: •
ii	Hindi	1: •; 2: •; 3: •; 4: •	1: •; 2: •; 3: •; 4: •	1: •; 2: •; 3: •; 4: •
iii	Gujarati	1: •; 2: •; 3: •; 4: •	1: •; 2: •; 3: •; 4: •	1: •; 2: •; 3: •; 4: •
iv		1: •; 2: •; 3: •; 4: •	1: •; 2: •; 3: •; 4: •	1: •; 2: •; 3: •; 4: •
8	Nationality / Religion			
9	Height (cm) / Wt. (Kg.)			
10	Vision	With glasses • / Without glasses •		
11	Physical disability	Yes: •; No: •; Describe if yes:		

* Details for Communication:

Present address	_____
	_____, Post office: _____,
	City _____; Pin code: ●●● ●●● State _____
	Phone: (O) _____; (R) _____; Mobile: _____
Email Id	(1) _____; (2) _____

[PTO]

✱ Educational Details:

Exam.		University	which passed	Attempts	%	Class	(Specialisation)
Ph. D.							
Post Graduation							
Graduation							
Any other							

(Use separate sheet if required. Pl. attach A-4 size true copy of all the Certificates)

✱ Experience Academic / Industrial etc. (Most recent at the top):

Sr.	Name & Address of Institute/ Employer	Period (MM-YY to MM-YY)	Post held	Job Profile / Designation	Last salary Rs./month	Reason of leaving	Remark
A	ACADEMIC						
1							
2							
3							
B	INDUSTRIAL						
1							
2							

(Use separate sheet if required. Pl. attach A-4 size true copy of all the Relieving / Salary Certificates)

✱ No. of research students registered with you:

Sr.	Course	No. of students	Status [Completed / Ongoing]
1	M. Phil.		
2	Ph. D.		

✱ Details of Membership of Professional body / Association

Sr.	Name of Body	Membership No.	Category	Period (YY to YY)	Remarks
1					

2					
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✱ **Achievements in extra-curricular activities**

Sr.	Name of Sports / Cultural / NCC / NSS / any other activity	Details of participation	Distinction achieved
1			
2			
3			
4			

(Use separate sheet if required. Pl. attach A-4 size true copy of Certificates)

✱ **Professional Achievements and Specialized Training**

Sr.	Organization / Institute	Period		Name of Course	Stipend (Rs./pm)	Grading / Rank
		From	To			
1						
2						

(Use separate sheet if required. Pl. attach A-4 size true copy of Certificates)

✱ **Workshop / Seminar / FDP / STTP attended (Use separate sheet if required)**

Sr.	Name of Seminar / Workshop	Organization	Year	Remark
1				
2				

✱ **Presentation at Conference / Seminar (Use separate sheet if required)**

Sr.	Title of Research Paper	Name of Conference	ISSN/ISBN/Issue no.	Year
1				
2				

✱ **Publication in Journal (Use separate sheet if required)**

Sr.	Title of Research Paper	Name of Journal	ISSN/ISBN/Issue no.	UGC/Scopus/Peer Reviewed	Year
1					
2					

✱ **Prolonged treatment or Hospitalization**

Sr.	Name of illness	Period of Hospitalization / Treatment (from & to)	Name & address of hospital / Doctor
1			
2			

✱ **Political affiliation if any:** Yes: ●; No: ●; If yes, give detail: _____

✱ **If disciplinary action taken / enquiry conducted in previous employment.** Yes: ● No: ●
If yes, give detail: _____

✱ **Whether prosecuted or convicted by any Court?** Yes: ● No: ●
If yes, give detail: _____

✱ **Minimum time required to join, if selected:** ●● Days from the date of receipt of intimation.

✱ **Last salary drawn Rs. / Month:** Rs. _____ per month

✱ **Gross Min. emoluments required to join:** Rs. _____ per month

✱ **Have you applied earlier at this college / NEST for any position?** Yes: ● No: ●

If yes, name of post _____; Date of application _____

If interviewed, Post _____; Date _____

✱ **Reference: (Persons shall preferably be responsible / reputed and shall be other than relative & At least one shall be the last employer.)**

Sr.	Name	Address	Occupation	Years of acquaintance
1				
2				

Important: Please download “List of Enclosures“, fill, sign and attach with the application form.

Declaration:

I certify that the foregoing information are correct and complete to the best of my knowledge and nothing has been concealed / distorted. If I am found to have concealed / distorted any material information, my appointment shall be liable to termination without notice / compensation.

If called for an interview, I will submit all the original documents for the purpose of verification to the office and attend interview at my own cost.

Place: _____

Signature: _____

Date: _____

Name: _____