

Indian Institute of Carpet Technology (IICT)

Under the aegis of Development Commissioner (HC), Ministry of Textiles, Govt. of India Chauri Road, Bhadohi -221401(UP)

Walk -in -interview

(For making a panel of guest faculty members)

The institute invites application given in prescribed format for engagement of guest faculty in subjects, namely, Engineering Physics (KAS-101T, Ist sem), Basic Electrical Engineering (KEE-101T, Ist sem), Fundamentals of Mechanical Engineering & Mechatronics (KME-101T, Ist sem), Emerging Domain in Electronics Engineering (KEC-101T, IInd sem), Engineering Chemistry (KAS-102T, IInd sem), English Language Lab (KAS-154P, IInd sem) and Technical Communication (KCT-301, IIIrd sem) for the academic session 2020-21. Essential qualification will be followed as per AICTE, New Delhi norms. The payment of remuneration will be made as per institute rules. Duly filled application along with essential documents is to be send to the institute address latest by 05/10/2020 (5:00 P.M.) and interview will be held on 12/10/2020 (10:30 A.M. onwards). For further information and updates, kindly visit the institute website: http://www.iict.ac.in.

Director, IICT

Note: Please send your application to the below address:-

The Director,

Indian Institute of Carpet Technology,

Chauri Road, Bhadohi-221401,

Uttar Pradesh.



Name of Subject-....

Indian Institute of Carpet Technology

(Under the aegis of Development Commissioner (HC), Ministry of Textiles, Govt. of India) Chauri Road, Bhadohi -221401(U.P.)

Application Form for Guest Faculty

Session-2020-21

Self attested
photo

Category: GEN/OBC/SC/ST

Note: To be filled by the candidate	

1.	Name:	2. Date of Birth:
1.		2. Dute of Bitti.
	(Block Letters)	
3.	Father's/Husband's Name:	4 Nationality:
3.	ramer s/musuand s Name.	4. Nationality:
5.	Whather belongs to: SC / ST / ODC	6. Phone / Mobile No.:
3.	Whether belongs to: SC / ST / OBC	6. Phone / Woone No.:
	(Please tick (✓). Enclose the certificate issued by	
	competent authority)	
7.	Address for Correspondence	
8.	Permanent Address	
9.	Email Address	
10	A 1 : 11 1: 11 1 (DD)(2	11 11 (60) (7)
10.	Are you physically disabled (PD)?	11. Name of State (Domicile) to which
	(Yes/No) (If yes, enclose certificate issued by Chief	candidate belongs:
	Medical Officer)	
	incured circuit	

12.	Educational Qualification						
S. No.	Examination Passed	Univ	ard / versity itution	Year of Passing	Specialization	Division& % of Marks	Remarks
a)	High School						
b)	Intermediate						
c)	Graduate BA/BSc/BE/BTech						
d)	Post Graduate MA/MSc/MTech						
e)	Ph.D.						
f)	Other						
	er NET/GATE qualified:Ye ive details	s/No				1	
13.	Experiences Teaching/Industrial		Teaching(UG Level)				
				Teaching(PG Level)			
			Professional Industry Research Total		onal		
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14. List of publications [Separate sheet(s) may be enclosed]:

I hereby declare	that the entries made in th	e form ar	re true to the	best of my	
knowledge and belief	and if found incorrect/wron	g later, I	shall be liable	to lose my	
employment at whatever stage it is found.					

Place	•••	•••	• • •	• • •	• • • • •	•
Date						

Signature of Candidate with Name