**** Application number (Office Use only)

**Bombay College of Pharmacy-Autonomous**

(A Venture of The Indian Pharmaceutical Association – Maharashtra State Branch)

Kalina, Santacruz (East), Mumbai – 400098. India.

Tel: (022) 2667 0871/ 2667 1027. Telefax. 2667 0816

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**APPLICATION FORM FOR THE POST OF PRINCIPAL**

 (Please refer to the instructions on the website before filling the application form)

Please affix

a recent

passport size

photograph

**Advertisement Ref.**

1. **Name of the applicant (Begin with Surname)**

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**2. Address for Communication (Current)**

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| **E-Mail:** | **1.** | **2.** |
| **Telephone** **(with STD Code):** | **Office:**  | **Residence:** |
| **Mobile No:** |  |

**Day Month Year**

**3. Date of birth** 4**. Nationality**

**5. Present Employment:** *(Attach self-attested photocopy of latest salary slip and appointment letter)*

|  |  |
| --- | --- |
| **Designation:** |  |
| **Organization:** |  |
| **Date of Joining:** |  |
| **Scale of Pay (Rs.):** |  |
| **Basic Pay (Rs.):** |  |
| **Total Emoluments (Per month) (Rs.):** |  |

**6. Basic Pay expected (Rs.):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7. (a)Tick-Mark the appropriate Box** *(Please attach self-attested photocopy of documentary proof if not*

 *belonging to Open category)*

 Open SC ST OBC PH

**8. Total years of teaching experience:**

*(Attach self-attested photocopy of University Approval letter/s for teaching posts)*

1. **Approved Experience**

**b. Non-approved Experience**

**9. Total years of industry experience and /or research experience:**

*(Attach self-attested photocopy of Experience Certificate/s and /or relevant documents)*

**10. Total years of experience as HOD:**

**11. Total years of experience as Vice Principal:**

**12. Total years of experience as Principal:**

**13. Areas of specialization**

**M. Pharm:**

**Ph.D:**

**14. Current areas of research**

**15. Academic Record**

 *(Attach self-attested photocopy of Marksheets/ Degree certificates)*

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| **Examination** | **Branch/****Specialization** | **College/ Institute/ University**  | **Year of passing** | **% of marks/****Grade/****GPA** | **Distinction/ First Class\*** | **For office use** |
| B. Pharm |  |  |  |  |  |  |
| M. Pharm |  |  |  |  |  |  |
| Ph.D |  |  |  |  |  |  |
| Any other |  |  |  |  |  |  |

 *# Add rows if necessary*

 *\* Attach proof of Class if not mentioned on the Degree Certificate*

**16. A. Teaching (particulars of your past position/s in descending order)**

*(Attach self-attested photocopy of service/experience certificates)*

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| **Name of the Employer** | **Position held\*** | **From -To** | **Total Tenure** | **Basic Pay with scale of pay** | **For office use** |
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|  |  | / / to / / |  |  |  |

 #*Add rows if necessary*

*\*Indicate Principal, Vice-Principal, HOD, Professor, Associate Professor, Assistant Professor (before or after VIth Pay), Reader, Lecturer etc*

 **B. Please specify if there have been any breaks in your career. If so, mention the duration and reason for the same:**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **C. Have you ever been discharged/suspended from any position? If yes, state reason/s.**

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**17. Have you been a M. Pharm research guide? Give details.**

 *(Attach University approval letter for M. Pharm guideship and self - attested photocopy of title/first page of thesis having guideship details)*

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| **Sr.****No** |  **M. Pharm specialization** | **University** | **Date of Recognition** | **List all titles of Thesis** **of students guided****(in separate rows)** | **Degree awarded in year** | **For office use** |
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 #*Add rows if necessary*

**18. Have you been a Ph.D research guide? Give details.**

*(Attach University approval letter for Ph. D guideship and self- attested photocopy of title/first page of thesis having*

*Guideship details)*

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| **Sr.****No** | **Ph.D specialization** | **University** | **Date of recognition** | **List all titles of Thesis** **of students guided****(in separate rows)** | **Degree awarded in year** | **For office use** |
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 #*Add rows if necessary*

**19. A) Research Project details** *(Attach relevant documents)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr.****No** | **List of funded Projects** | **Funding Agency****(Govt. or Corporate)** | **Project Value** | **Year start** | **Year end** |
|  |  |  |  |  |  |
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 #*Add rows if necessary*

 **B) Details of Patents filed or granted***(Attach documentary evidence)*

**20. Give details of publications** *(Attach first page of publication)*

 **A) Journals**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sr. No.** | **Title of Publication** | **Authors** | **Journal name, ISSN No, Vol. No,** **Pg. No, Year** | **Scopus impact factor** | **Whether the journal is in SCI/AICTE/UGC Care list of approved journals** | **For office use** |
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 #*Add rows if necessary*

 **B) Books/Book Chapter** *(Attach page showing title, authors, name of the book/chapter,Editor, Publisher and ISBN no)*

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| --- | --- | --- | --- | --- | --- |
| **Sr. No.** | **Title of the book Chapter&/or Book** | **Authors** | **Edited by** | **ISBN No, Vol. No,** **Pg. No, Year** | **Name of Publisher & Place** |
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#*Add rows if necessary*

**21. Special Professional Awards/Honours received, if any?** *(Attach proof)*

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| --- | --- | --- |
| **Year** | **Name of award/Honour** | **Name of organization** |
|  |  |  |
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#*Add rows if necessary*

**22. Enlist your major contribution/s which has helped in the growth & development of the institutes where you have served**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr.****No** | **Name of the Institute & Place** | **Your contribution** | **Awards/Recognitions received by the institute due to your contribution** |
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 #*Add rows if necessary*

**23. Co-curricular and extra-curricular professional activities** *(Attach proof)*

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| **Sr. No.** | **Details** | **For office Use** |
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#*Add rows if necessary*

**24. Membership of Professional bodies (***Attach proof)*

|  |  |
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| **Name of the Professional Body** | **Status of Membership: Life/Annual** |
|  |  |
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 #*Add rows if necessary*

**25. Details of two Referees *(should be familiar with your recent work)***

*(Attach Testimonials from Referees)*

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 **Name**

 **Occupation or Position**

 **Address**

**E-Mail:**

 **Phone No.** *(With STD code)*

**Mobile No:**

**26. Statement of objectives**

1. **Please indicate as to why you wish to join Bombay College of Pharmacy**

 **(Max 200 words)**

1. **How in your opinion do you meet the job requirement as advertised?**

**(Max 200 words)**

1. **A short paragraph about the research/teaching/development projects you would like to undertake and the courses that you would like to handle**

**(Max 400 words)**

**DECLARATION**

I, hereby, declare that all entries in this form as well as attached sheets are true to the best of my knowledge and belief.

The complete Application is from page no 1 to \_\_\_\_\_\_.

Page No. of Application Form (with Declaration): 1 to \_\_\_\_\_\_\_.

Page No. of Checklist: \_\_\_\_\_\_

Page No. of Annexure: From page No: \_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_.

**Date:**

**Place:** **(Name & Signature of the applicant)**

**Check List**

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| **Sr. No****(as in form)** | **Annexure No** | **Particulars** | **Put√ / × / NA** | **Page No** | **For Office Use**  |
| **5** | 5A | Latest salary slip  |  |  |  |
| 5B | Appointment letter (Present Appointment) |  |  |  |
| **7** | 7 | Proof of category (SC/ST/OBC/PH) |  |  |  |
| **8** | 8 | University Approval Letter/s for teaching posts |  |  |  |
| **9** | 9A | Experience certificate/s (Industry) |  |  |  |
| 9B | Experience certificate/s (Research) |  |  |  |
| **15** | 15A | B. Pharm marksheet (Final year) |  |  |  |
| 15 B | B. Pharm Degree Certificate |  |  |  |
| 15C | M. Pharm (all Sem marksheets) |  |  |  |
| 15D | M. Pharm Degree Certificate |  |  |  |
| 15E | Ph. D Degree certificate |  |  |  |
| 15 F | Any other Certificates |  |  |  |
|  | 15G | Proof of Class (if not mentioned on the degree certificate) |  |  |  |
| **16** | 16A | Experience certificate (Principal) |  |  |  |
|  | 16B | Experience certificate (Vice-Principal) |  |  |  |
|  | 16C | Experience certificate (HOD) |  |  |  |
|  | 16D | Experience certificate (Professor) |  |  |  |
|  | 16E | Experience certificate (Associate Professor) |  |  |  |
|  | 16F | Experience certificate (Assistant Professor) |  |  |  |
|  | 16G | Experience certificate (Reader) |  |  |  |
|  | 16 H | Experience certificate (Lecturer) |  |  |  |
|  | 16 I  | Experience certificate (Any other) |  |  |  |
| **Sr. No****(as in form)** | **Annexure No** | **Particulars** | **Put√ / × / NA** | **Page No** | **For Office Use only** |
| **17** | 17A | University Approval Letter (M. Pharm Research Guide) |  |  |  |
| 17B  | First Page of M. Pharm thesis having guideship details |  |  |  |
| **18** | 18A | University Approval Letter (Ph.D Research Guide) |  |  |  |
| 18B | First page of Ph.D thesis having guideship details |  |  |  |
| **19**  | 19A | Govt./Corporate funded Projects |  |  |  |
| 19B | Patents filed/granted |  |  |  |
| **20** | 20A | First page of Publication (Journal) |  |  |  |
| 20B | Page showing title, authors, name of the book/chapter, editor, publisher and ISBN no |  |  |  |
| **21** | 21 | Professional Awards/Honours |  |  |  |
| **23** | 23 | Co-curricular and Extra-curricular Professional activities |  |  |  |
| **24** | 24 | Membership of Professional bodies |  |  |  |
| **25** | 25A | Testimonial from Referee I |  |  |  |
| 25B | Testimonial from Referee II |  |  |  |
|  | 26 | Any other documents |  |  |  |