## **CV** of Faculty being nominated for CBIT

Affix Recent
Photograph
( Digital)

| 1.   | Name in Full (in block letter)   |       |        |
|------|----------------------------------|-------|--------|
| 2.   | Father's/Husband Name            |       |        |
| 3.   | Date of Birth                    |       |        |
| 4.   | Age                              | Years | Months |
| 5.   | Gender                           |       |        |
| 6.   | Marital Status                   |       |        |
| 7.   | Nationality                      |       |        |
| 8(a) | Residential Address              |       |        |
| (b)  | PIN Code                         |       |        |
| (c)  | Residential Address ( Permanent) |       |        |
| (d)  | PIN Code                         |       |        |
| (e)  | Contact / Mobile No.             |       |        |
| (f)  | Email ID                         |       |        |
| (g)  | PAN No.                          |       |        |
| (h)  | Adhar No. (optional)             |       |        |

| 9.    | Educational Qualification (in chronological order) |                     |                    |                 |  |  |  |
|-------|--|---------------------|--------------------|-----------------|--|--|--|
| S.No. | Educational Qualification                          | Name of Institution | Board / University | Year of passing |  |  |  |
|       | D.Pharm  |                     |                    |                 |  |  |  |
|       | B.Pharm  |                     |                    |                 |  |  |  |
|       | M.Pharm (mention specialization)                   |                     |                    |                 |  |  |  |
|       | Ph.D.  |                     |                    |                 |  |  |  |

| 10.  | Industrial Training / Internship if undergone earlier |                      |             |   |  |
|------|---|----------------------|-------------|---|--|
| S.No | Designation   | Name of Organization | Period of S | Period of Service / Training Particulars Training |  |
|      |   |                      | From        | То  |  |
|      |   |                      |             |   |  |

| 11.                            | Employment Record (Starting from the current employment in reverse chronological order) |      |                        |        |       |                |    |        |  |
|--------------------------------|---|------|------------------------|--------|-------|----------------|----|--------|--|
| S.No                           | Designation   |      | tion Period of Service |        | vice  | Remarks if any |    |        |  |
|                                |   | Name | Address                | Govt/  | PCI - | From           | То | Period |  |
|                                |   |      |                        | Pvt    | ID    |                |    |        |  |
|                                |   |      |                        |        |       |                |    |        |  |
|                                |   |      |                        |        |       |                |    |        |  |
| Total teaching Experience post |   |      |                        | Months |       |                |    |        |  |
| qualification                  |   |      |                        |        |       |                |    |        |  |

## **Declaration**

I hereby certify that the foregoing information is correct and complete to the best of my knowledge and belief and nothing has been concealed / distorted.

|        | Signatures of Nominated Faculty |
|--------|---------------------------------|
| Dated: |                                 |
| Place: |                                 |

Name and Signature of Head of the Institution Official Seal