

**SUMMARY FORM FOR ENGAGING TEMPORARY FACULTY
UNDER SELF FINANCING SCHEME**

Department applied for _____ Advt. No. _____ Dated _____

(Cyber Security Research Centre)

1.	Name					
2.	Father's Name					
3.	Date of Birth					
4.	Address for correspondence					
5.	Category: Gen./ SC/ PwD/ OBC					
6.	E-mail ID					
7.	Mobile No.					
8.	Educational Qualification	Branch/ Field	% of Marks or CGPA	Division	University	Year of passing
	B.E./ M.Sc./ MBA/ M.Com/ M.A./ Others					
	M.E./ M.Tech./ Ph.D. in Science/ Applied Sciences/Humanities/ Others					
	Ph.D. in Engineering					
	NET / GATE qualified (Yes / No)					
9.	Experience (in years (Y) and Months (M))	Teaching Research Industry ____ Y ____ M ____ Y ____ M ____ Y ____ M				
10.	Research Papers (Nos.)	Journals		Conference Proceeding		
		National	International	National	International	
11.	Books Published					

NOTE: All columns of Summary Form must be filled. Incomplete form will not be entertained.

Date:

Signature of Applicant

(For office use only)

REMARKS OF THE VERIFICATION COMMITTEE:

Signature of Verification Committee