

BISHOP ABRAHAM MEMORIAL COLLEGE*(Affiliated to Mahatma Gandhi University, Kottayam & NAAC Accredited- 'B' Grade)*

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THURUTHICAD, PATHANAMTHITTA, KERALA 689 597, INDIA**APPLICATION FOR THE POST OF PRINCIPAL**

1. Full name (in Capitals) (as in SSLC / Equivalent) :
2. Subject of Applicant :
3. Sex : Male/ Female/ Transgender
4. Person with Disability (if YES, attach proof) : YES / NO
5. Date of Birth & Age (completed years) :
6. Religion & Denomination :
7. Marital Status : Single/ Married
8. Place of Birth :
9. Permanent Address :
10. Present (Mailing) Address with PIN Code :

11. Other Contact Details

Tel. No. _____ Mobile No: _____

e-mail: _____

12. Academic Qualifications: (attach copies of degree certificates and mark lists)

Course/Programme	Name of the University/Board.	Period of Study	Year of Passing	% of Marks /Grade	RANK, If any.
B.A./B.Sc./B.Com.					
M.A./M.Sc./M.Com.					
M.Phil.					

13. Tick all your relevant qualifications (attach copies of certificates)

NET	
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JRF	
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Ph.D.	
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14. Other/Additional Academic Qualifications, if any (attach separate sheet if necessary)

15. Teaching Experience: (only approved services to be given chronologically, attach proof)

Name of Institution	Position held	Period of service		Total Years / months
		From	To	

16. Research Papers in UGC approved Journals (attach separate sheet if necessary)

Title of Paper	Name of Journal	No. of Authors	International/ National

17. Chapter in Edited Books / Books Relevant to subject (attach separate sheet if necessary)

Title of Book	No. of Authors	International/ National	ISBN No.

18. Post- Doctoral Experience, if any (attach separate sheet if necessary):

Name of Institution	Period of service		Total Years / months	Remarks
	From	To		

19. Knowledge of using Innovative Teaching-Learning methodologies in Teaching:

20. Give names and addresses of three persons to whom we can refer about you:

1)

2)

3)

Declaration

I hereby declare that the information given in this application is true and correct to the best of my knowledge and belief.

Place:

Date:

Name and Signature of the Applicant

Details for online payment

(Attach Original payment receipt / e-receipt along with the filled application form)

Account Name : **BISHOP ABRAHAM MEMORIAL COLLEGE, THURUTHICAD**

Account No : **14430100068017**

BANK : **FEDERAL BANK**

BRANCH IFSC : **FDRL0001443**