**Bombay College of Pharmacy (Autonomous)**

Kalina, Santacruz (East), Mumbai 400 098

**Instructions for filling the Application Form for the post of Associate Professor/Assistant Professor**

1. The Application Form should be filled by the applicant in BLOCK LETTERS.
2. No part of the form should be left blank
3. All the pages of the form should be numbered (bottom right corner)
4. Attach self-attested photocopy of relevant documents wherever specified
5. Identify photocopies of each attached document with Annexure No. conspicuously handwritten on the top right corner of the document.
6. For more than one type of document attached for a particular parameter, identify the document with the Annexure no. followed by alphabet.

e.g for point no.5 in the Application Form

1. Present Employment *(attach photocopy of latest salary slip and appointment letter);* identify latest salary slip as “Annexure 5A and Appointment letter as Annexure 5B. If there is more than one appointment letter mark the same as Annexure 5B (i), Annexure 5B (ii) and so on
2. Do not change the font, font size or the number sequence in the form
3. Avoid break up in the tables at the end of the page. Use separate page if necessary
4. Ensure that the documents are submitted as per the footnotes in the Application Form. A checklist has also been attached at the end of the application form for your perusal.
5. Before submitting the form, make a tick mark as applicable on the check list
6. Applicants should take a printout of the duly filled form, sign the declaration, attach checklist followed by the labelled Annexures to make complete set of application.
7. The complete application set as mentioned above should reach the following address within 15 days i.e on or before Friday, 8th November 2024, 5 PM.

Address**: Chairman-Governing Body**

**Bombay College of Pharmacy**

**Kalina, Santacruz (East),**

**Mumbai 400098**

****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 Associate/Assistant Professor (Unaided)**

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

Please affix

a recent

passport size

photograph

**Advertisement Ref.**

**Post Applied for** :

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:** | **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. Tick-Mark the appropriate Box** *(Please attach self-attested photocopy of the documentary proof if not belonging*

*to Open category)*

Open SC ST OBC PH DT(A) Sports

**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 Certificates/relevant documents)*

**10. Subject of Specialization**

**M. Pharm:**

**Ph.D:**

**11. Current areas of research**

**12. Academic Record starting with B. Pharm**

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

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

*\* Attach proof of Class if not mentioned on the degree certificate*

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

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of the Employer** | **Position held\*** | **Date of joining** | **Date of leaving/promotion** | **Basic Pay with scale of pay** | **For office use** |
|  |  | / / | / / |  |  |
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#*Add rows if necessary*

*\*Indicate, Associate Professor, Assistant Professor, Lecturer etc*

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

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

1. **Have you ever been discharged/suspended from any position? If yes, state reasons.**

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**14. Details of Administrative experience (if any)?**

*(Attach proof from the appointing authority Principal/Director of the institute/organization)*

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| **Sr.**  **No** | **Industry/Institute/University** | **Nature of duties** | **For office use** |
|  |  |  |  |
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**15. 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*

**16. 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*

**17. 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)*

**18. 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.)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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*

**19. 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*

**20. Enlist your major contribution/s (if any) which has helped in the growth & development of institute/s 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*

**21. 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*

**22. 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*

**23. 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:**

**24. Knowledge of Marathi language (Read/Write/Speak):\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**25. Whether MSCIT (Maharashtra State Certificate in Information Technology qualified? Yes/NO**

*(Attach proof)*

**26. Attach CV**

**24. Statement of objectives (To be filled up in Candidate’s own handwriting)**

1. **Please indicate as to why you wish to join Bombay College of Pharmacy (Max 200 words**
2. **How in your opinion do you meet the job requirement as advertised? Max 200 words)**
3. **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 Application form is from page no 1 to \_\_\_. There are\_\_\_\_\_\_\_\_\_\_\_\_ attached sheets along with this form.

**Date:**

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

**Check List**

|  |  |  |  |  |
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| **Sr. No**  **(as mentioned in application form)** | **Annexure No** | **Particulars** | **Put√ / × / NA** | **For Office Use Only** |
| **5** | 5A | latest salary slip |  |  |
| 5B | Appointment letter (Present Appointment) |  |  |
| **7** | 7 | Proof of category (SC/ST/OBC/PH) |  |  |
| **8** | 8 | University Approval Letters |  |  |
| **9** | 9A | Experience certificate/s (Industry) |  |  |
| 9B | Experience certificate/s (Research) |  |  |
| **12** | 12A | B. Pharm marksheet (final year) |  |  |
| 12 B | B. Pharm Passing Certificate |  |  |
| 12C | M. Pharm (all marksheets) |  |  |
| 12D | M. Pharm Passing Certificate |  |  |
| 12E | Ph. D Degree certificate |  |  |
| 12 F | Any other Certificates |  |  |
|  | 12G | Proof of Class (if not mentioned on the degree certificate) |  |  |
| **13** | 13A | Experience certificate (Associate Professor) |  |  |
|  | 13B | Experience certificate (Assistant Professor) |  |  |
|  | 13C | Experience certificate (Lecturer) |  |  |
|  | 13D | Experience certificate (Any other) |  |  |
| **14** | 13 | Proof of administrative experience |  |  |
| **15** | 14A | University Approval Letter  (M. Pharm Research Guide) |  |  |
| 15B | First Page of M. Pharm thesis having guideship details |  |  |
| **16** | 16A | University Approval Letter  (Ph.D Research Guide) |  |  |
| 16B | First page of Ph.D thesis having guideship details |  |  |
| **17** | 17A | Govt./Corporate funded Projects |  |  |
|  | 17B | Patents filed/granted |  |  |
| **18** | 18A | First page of Publication (Journal) |  |  |
|  | 18B | Page showing title, authors, name of the book/chapter, editor, Publisher and ISBN no |  |  |
| **19** | 19 | Professional Awards/Honours |  |  |
| **21** | 21 | Co-curricular and Extra-curricular Professional activities |  |  |
| **22** | 22 | Membership of Professional bodies |  |  |
| **23** | 23A | Testimonial from Referee I |  |  |
|  | 23B | Testimonial from Referee II |  |  |
| **25** | 25 | MSCIT Certificate |  |  |
| **26** | 26 | CV |  |  |
| **27** | 27 | Any other document |  |  |