

Indian Institute of Management Visakhapatnam

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SPECIAL RECRUITMENT DRIVE FOR RECRUITMENT OF FACULTY

REF. NO. IIMV/02/F/SRD/2025 DATED 23 July 2025

APPLICATION FORMAT

1. Application for the position of: (please tick $$ one box only)											
	\square Assistant Professor \square Associate Professor \square Professor	Space for									
2.	Area applying for [select tick ($$) only one most applicable Area]:	photo									
	\square Decision Sciences \square Finance & Accounting \square Information Systems										
	\square Management Communication \square Marketing \square OB & HR										
	☐ Production & Operations Management ☐ Strategy										
	[Only one Area, which may be the most applicable to the candidate, should be selected. If multiple Areas are selected, the application is liable to be rejected].										
3.	Only Indian nationals should apply.										
4.	. Please use the format given below only and provide complete data. Use additional sheets as needed and reference them suitably. All information furnished MUST be based on supporting documentation.										
5.	5. <u>All</u> pages of the application and additional sheets/annexure (forming part of the application) must be duly signed (self-certified) before submission of hardcopy by post/courier.										
6.	At this stage of application, please DO NOT attach/submit copies of any certificates / suppodocumentation. Such proof would be sought later, ONLY from short-listed applicants.	orting									
1	PERSONAL DETAILS										
	Ill Name (in capital letters, with surname in the end):										
Da	nte of Birth (dd/mm/yyyy):										
Co	ontact Address with PIN/Zip Code:										
Co	ontact Phone Number: E-mail:										

Gend	er:	Nat	ionality:		Mar	ital Status:							
Categ	onrv												
		C-OBC	☐ Differen	tly abled P	erson	□ EWS							
2 FD	2. EDUCATIONAL QUALIFICATIONS (in reverse chronological order):												
		,		,	-								
S. No.	Examination	Academic Title	University/ Institution	Main Subjects	Year of Passing	% of Marks or CGPA	Class / Division	Distinctions (if any)					
1.	Doctoral level:					CUFA							
2.	Post-Graduation												
	(Master's):												
3.	Professional Qualification: [Other than (2) above. Please specify]												
4.	Graduation: (Bachelor's Degree)												
5.	Higher-Secondary / Class XII:												
6.	Matriculation / Secondary School / Class X:												
Note													
i. ii. iii. iv.	The applicant shall date of the Faculty! All qualifications m If CGPA, both acqui If CGPA, percentage institution norms.	Seminar Pre ust be recog red and max e equivalence	sentation, will nized in law. . possible CGF	l not be cou PA should b	nsidered. De mention	ed.	_						
3. TO	PIC OF PhD/ EQUIVA	LENT											
	LL TIME WORK EXPE						17. 5	1. 4					
S. No.	Employer	Fro	ation of Servion To M/YY) (MM	and	signation, I d AGP-Acac ade Pay (if	-	Key Res	sult Areas					
	Experience Summary:												
	a. Total Post-PhD 7	<u> Feaching Ex</u> p	oerience:	years; _	month	s. <u>Break up</u>	as follow:	<u>s</u> :					
	i.	As Assistan	t Professor (A	GP 6000):	year	s; mo	nths	2 of C					

			iii. As a	Assistant Profe Assistant Profe Assistant Profe	ssor (AG ssor (AG	P 800 P 900	0): 0):	_ years _ years	; n ; n	nonths nonths		
		,		Associate Profe	essor (AG	iP 950	0):	_ years	; n	nonths		
			vi. Tea vii. Tea	f (a) above: aching at bache aching at maste	r's / doct	toral d	legree l	evel:	_	; m s; m		
			Note: Sum	(i) to (v) should	d equal si	um (v	i) and (<u>vii)</u>				
			Industry expe	xperience: rience (Please	specify):				moi			
	d. Tot	al <u>pos</u>	<u>t-PhD</u> work	x experience:			y	ears;	mo	nths.		
I	• 0	nly po Self-en	st-PhD exp	rience should l erience details shall not be co	should b	e give	n.	ence sho	ould not o	overlap.		
5. CO S.	T		•	PAST FIVE YE		Year	Nii	mber	No. o	of Contact	Stude	onto'
No.				Level (Bachelor's/ Master's/Doctoral)		rear	of students for the Course			Hours of ra		g (*) culty
(*) = B	oth obtai	ined, a	nd max. po	ssible ratings s	hould be	ment	ioned. I	For exai	mple, 4.1	2 out of 5.	00.	
6. IN	NOVATIO	ONS IN	IPLEMENT	ED IN TEACHI	ING							
7 DE	CEADCU	DADE	DC DIIDI IC	HED IN THE P	ACT EIV	E VEA	DC					
	Journal	ISSN	Journal	List /	Title		ether	No. of	Mor	nth &	Vol.	Issue
No.		No.	Rank / Category	Source for the Rank / Category	of the Paper		•	autho		r of lication	No.	No.
8. INI	NOVATIO	ONS IN	<u> </u>	ED IN RESEAR	RCH							

9. CASE	9. CASE STUDIES AUTHORED IN THE PAST FIVE YEARS											
S.	Publisher	Title of the Case	Whether first/sole	No. of authors	Month &							
No.			author? (Yes/No)		Year of							
					Publication							

10. BO	10. BOOKS / BOOK CHAPTERS ETC.											
S. No.	Title of the Book / Chapter	ISBN No.	Authored (or) Edited	Whether first/ sole author? (Yes/No)	No. of authors	Publisher	Year of Publication	Year of Latest Reprint				

11. PA	PERS PRESENTED I	N CONFERENCES /	SEMINARS / COLLOQUIA (IN THE PAST FIVE YEARS)					
S.	Title of the Event	tle of the Event Title of the Paper		Whether first / No. of		Organizer	Place	
No.			sole author? (Yes/No)		& Year			

12. R	ESEARCH P	ROJECTS/CONSULT	TANCIES TAKEN U	IP IN THE P	AST FIVE Y	YEARS	
S. No.	Project Title	Whether Principal Investigator (PI), Co-PI or Project Leader (PL) or Co-PL?	Sponsoring / Funding Agency & Value (in INR Million)	Client (If different from Sponsor)	Month/ Year of Award	Month / Year of Completion	Project Outcome
		(Yes / No)					

Note: Please DO NOT list if not PI, Co-PI, PL or Co-PL.

13. DO	13. DOCTORAL GUIDANCE / SUPERVISION IN THE PAST FIVE YEARS												
S.	Institution	Name of the Scholar	Year of	Research	Your	Whether							
No.			Registration	Topic	Role	PhD							
			_	_		Awarded							

	14. EXECUTIVE EDUCATION PROGRAMS /WORKSHOPS/SEMINARS/CONFERENCES CONDUCTED												
(I)	(IN THE PAST FIVE YEARS)												
S.	Type of	Sponsor /	Theme /	Place	From	To	No. of	Whether					
No.	Program /	Client	Title		(Date)	(Date)	Participants /	Program					
	Event	(if any)					Delegates	Chair (PC)/					
	Conducted							Program Co-					
								Chair					
								(PCC)/					
								Program					
								Director					
								(PD)/					
								Program					
								Co-Director					
								(PCD)					

Note: Please DO NOT list if not PC, PCC, PD or PCD.

15. ADMINISTRATIVE EXPERIENCE IN ACADEMIC INSTITUTIONS (IN THE PAST FIVE YEARS)											
Institution	Administrative	From	То	Major	Notable Achievements /						
	Position Held	(MM/YY)	(MM/YY)	responsibilities	Significant Outcomes						

Note: Please DO NOT list mere memberships of committees.

16. AW	ARDS/ REWARDS /	RECOGNITION	ONS / PROFESSIONAL AFFILIATIONS
S.	Appointing /	Month &	Brief details of Award / Reward / Recognition etc.
No.	Nominating /	Year	
	Recognizing Body		

17. l	17. RESEARCH PIPELINE											
S. No.	Title of the Paper	Journal to which submitted	Journal Category	No. of Authors	Date of First Submission	Date of Last communication from the Journal (if any)	Current Status					

18	. Have 🤉	you 1	taced,	in yo	ur ec	lucatio	onal	and/	'or	work	k caree	r-
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(i) Any disciplinary/penal action by the employer? (including, but not limited to extension of probation, postponement of increment, demotion etc.)

YES / NO

(ii) Any action by any law-enforcement agency in India/abroad?

YES / NO

If the answer to any of the above is "YES", full details must be furnished.

19. Professional References (3); <u>At least 2 out of the three References MUST be from academic institutions</u>.

MOST IMPORTANT: In case of candidates applying for Assistant Professor or Associate Professor positions, References from academic institutions MUST be at least at one level higher; i.e., References for those applying for Assistant Professor positions MUST be of Associate Professor level or higher. Similarly, References for those applying for Associate Professor positions MUST be of Full Professor level. References for those applying for Full Professor positions MUST be of Full Professor level and who should also be an Area Chair, Dean, Head of the Department or Vice Chancellor/Director. Otherwise, such References WILL NOT be considered.

- a. <Name, Designation, Organization, E-mail ID, Mobile No.>
- b. <Name, Designation, Organization, E-mail ID, Mobile No.>
- c. < Name, Designation, Organization, E-mail ID, Mobile No.>

20. Statement of Purpose (Max. 500 words):

21. Any other information you wish to highlight (Max. 500 words):

22. Declaration:

I hereby declare that all the statements/particulars made/furnished in this application are true, complete and correct to the best of my knowledge and belief. I also fully understand that in the event of any information furnished being found false, incomplete or incorrect at any stage, my application/candidature is liable to be summarily rejected and if I am already appointed, my services are liable to be terminated from the post, without any notice and without prejudice to any other legal/penal action that the Institute may initiate, as deemed fit.

		Signature of the applicant (Name of the applicant)
Date:		
Place:		
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