

IIM CALCUTTA
APPLICATION FOR ACADEMIC ASSOCIATE

Affix your recent
coloured
photograph

1. Name of the Applicant: _____
(In Capital Letters)
2. Gender : M ☐ F ☐
3. Date of Birth : ----- (DD/MM/YYYY)
4. Name of Parents : Father : _____ Mother : _____
5. Marital Status : Married ☐ Single ☐ Other (Please Specify) _____
6. Permanent Address : _____

 _____  _____ E-mail id _____

7. Mailing Address: _____

 _____  _____ E-mail id _____

8. Academic Record:

Degree	Name of School / College	Board / University	Year of Passing	Specialization	Agg. Marks / Full Marks	Division
Secondary						
Higher Secondary						
Graduation						
Post Graduation						
Others						

9. Work Experience:

S. No.	Name of the Organization	Period		Total Duration (months)	Role or Nature of responsibility
		From	To		

(Add Extra lines/sheet if required)\

10. Extra Curricular Activities, Prizes won, Accolades (in detail):

11. Academic Stream that the candidate could serve (Tick all that apply):

(i)	Business Ethics and Communication	<input type="checkbox"/>	(ii)	Economics	<input type="checkbox"/>	(iii)	Finance & Accounting	<input type="checkbox"/>
(iv)	HRM	<input type="checkbox"/>	(v)	Marketing	<input type="checkbox"/>	(vi)	Management Information Systems	<input type="checkbox"/>
(vii)	Organizational Behaviour	<input type="checkbox"/>	(viii)	Operations Management	<input type="checkbox"/>	(ix)	Public Policy Management	<input type="checkbox"/>
(x)	Strategic Management	<input type="checkbox"/>	(xi)	Other (Please specify)	<input type="text"/>			

DECLARATION

I understand that this is a full-time position based out of IIM Calcutta campus in Kolkata. I am willing to relocate to effectively discharge my duties.

The information entered by me in the application form are true and correct to the best of my knowledge. I take full responsibility for the information provided. In case there are any errors or omissions in the information provided by me, I take full responsibility for the same and will not hold the Institute or any of its employees or officers responsible for the same or its consequences.

Date :

Place:

Signature of the Candidate