Bishop Chulaparambil Memorial College (B.C.M. College)

Kottayam -686 001

Phone No.0481 2562171

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www. bcmcollege.ac.in Affiliated to Mahatma Gandhi University, Kottayam Managed by Archeparchy of Kottayam

Passport	

APPLICATION FOR THE POST OF PRINCIPAL

			Discip	oline of Te	aching	:			
1.	Name of the Candidate in Block letters [as in SSLC Certificate]								
2.	Sex [Put tick ✓ against the appropriate one]	Male		Female		Thi	rd Geno	der	
3.	Date of Birth	D	D	M	M	Y	Y	Y	Y
4.	Age as on 1st January, 2024			Yea	ırs		N	Ionths	
5.	Place of Birth								
6.	Category of Applicant [Put tick ✓ against the appropriate one]	SC OEC		ST Gen	eral		OBC Other		
7.	Religion								
8.	Community								
9.	If Knanaya Catholic, please specify Parish								
10.	Physical Disabilities if any [Put tick ✓ against the appropriate one]	Yes				No			
11.	If Yes, details of Physical disbailities[Attach copy of Certificate from Medical Board]								
12.	Permanent Address with PIN								
13.	Contact Address with PIN (If Different from above)								
14.	EMAIL								
15.	Mobile Number								
16.	Alternate Contact number								
17.	Whatsapp Number								

18.	Marital Status			Single			Marr	ied		
10.	ivialità	ıı Status			Separated			Divo	rced	
19.	Langu	ages Known								
20.	If Mar	ried,								
	i.	Name of the	Spouse							
	ii.	Education of	f the Spouse							
		Occupation								
		If Employed Organization								
19.	Paren	ts Details:					0			
		Na	me	E	ducation		Occupa	tion	F	Remarks
Fath										
Mot	her									
20.	Educa	tional Qualif	ication (Enclo	se Self A	ttested Cop	ies of (Certificate	s)		
Qual	ification	Institution	Board/ University	Subject	(s) Yea	r of sing	No. of Attempt	s	Class	CGPA/% of Marks
SSL	C/10th									
HSE										
	valent uation									
PG	uation									
M Pł	 nil									
Ph.D										
Othe										
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21. i.			g National Eli I for Lecturesh							
1.			ndcuted by UC				Yes		No	
ii	i. If Yes	s, Month and	Year of exam					1		
ii	ii. Qulif	ied for JRF								
i	v. Did y	ou avail JRF								
22.	Detail	ls of Ph.D								
<u>22.</u> i.			Ph.D degree:							
ii. If yes, month and year of awarding						Yes		No		
		ersity and fac		5						
		of the thesis								
•			stration							
es	. Is yo	of Ph.D Reginate No	cordance with	UGC re	gulations 2	011				
v	. 15 y 0	I II. U.V			0 414410110 2	~ 1 1				

25. Patents/C	Copy Right regist	tered either inte	ernational or	national, if any:	Yes/No	
	of Patent		gistering Age			and Year
26. Employn Organization	nent History (Be	ginning with the Full Time/Part Tme	ne Latest) (Ki Paid/ Honorary	If paid,scale of pay	C from the cur Period	Name & ph. no.of employes

Yes/No

Nature(Paid/Honorary)

Copy of Agreement

Agency/Instittuion

Details of Post Doctoral Research

Experience in consultancy work:

23.

24.

Duration

Institution/Organization

Supported by Fellowship

If yes, **Title of Consultancy**

26.	Total Teaching F	vnerience in	Colleges/	Universities :	Vears	Months
<i>2</i> 0.	Total Teaching E.	xperience in	Coneges	Universides	i ears	wionus

27. Total Research Experience excluding period spent for M Phil & PhD Years

----- Months

- 28. Details of ICT Enabled Teaching
 - i. Details of participation in ICT based workshops
 - ii. Name of the LMS you are familiar with:
 - iii. List of ICT tools or websites you are familiar with:

29. Number of Research Publications (Enclose Copies): Detailed list of Publications should be attached along with application form as Annexure

Research Pap	ers in Journals in U	Proceedings with	Chapters in Edited		
International	National	Regional	ISBN/ISSN	Books	
Research Papers in	Journals in other Re	efereed Journals	Books with	Others	
International	National	Regional	ISBN/ISSN		

30. Details of adminsitrative responsibilities you held (May use separate needed)	sheet if
31. Briefly explain any two significant contribution you made in your cu	rrent institution
51. Briefly explain any two significant contribution you made in your ea	

32. Deatils of Three Refrences

	Reference 1	Reference 2	Reference 3
Name			
Designation			
Address			
Email			
Mobile Number			

Undertaking

I hereby declare that the information provided above is true to the best of my knowledge and belief. I also understand that any discrepancy or misleading information will result in the rejection of my application. I undertake that in the event of any information being found false, incomplete or incorrect, I alone will be responsible and my candidature is liable to be cancelled and my appointment can be terminated. Also I hereby undertake to abide by the rules and regulations of UGC/Government/ University and the College and follow the Code of Ethics of the college.

Place:	Signature of the applicant
Date:	Name of the Applicant

List of Enclosures[Put tick mark against enclosed ones]

1.	Copy of Certficate to prove age and date of birth	
2.	Copy of Academic Certficates	
	i. SSLC/ Equivalent	
	ii. Plus 2/Equivalent	
	iii. Graduation- Marklist	
	iv. Graduation - Certificate	
	v. Post Graduation – Marklist	
	vi. Post Graduation – Certifcate	
	vii. M Phil Certificate	

3.	Rank Certificates for Graduation/PG	
4.	Copy of Ph.D Certificate	
5.	Copy of Certificate of Eligibility for Lectureship	
6.	Copy of Certificate of the award of JRF	
7.	Copy of Certificate(s) of award of Post Doctoral Fellowships	
8.	Testimonial from Parish Priest (In case of Catholic Applicants)	
9.	List of Publications	
10.	Copies of Publications	
11.	Copy of certificate of Physical Disability	
12.	Copy of Teaching experience Certificates	
13.	Proof of paper presentations	
14.	Proof of Consultancy work	
15.	Proof of Patents filed and Received	
16.	Proof of Competence in ICT enabled teaching	
17.	Proof of e-content developed	
18.	Proof of Particiapation in Pedagogy based seminars and activities	
19.	Eligibility certificate from Mahatma Gandhi University, in case of applicants who have passed their qualifying examinations from Universities other than Mahatma Gandhi University	
20.	NOC from the current employer if you are currently employed	