



भारतीय प्रौद्योगिकी संस्थान मद्रास
INDIAN INSTITUTE OF TECHNOLOGY MADRAS
चेन्नै / Chennai 600 036

दूरभाष/Telephone: [044] 2257 8115 Email:recruit@iitm.ac.in

1. General Information :

Name (In capital letters)	
Father's / Spouse's Name (In capital letters)	
Date of Birth (DD/MM/YY) & Age	
Correspondence Address	
Phone No	Mobile No. :
	Landline No.:
Email id	

2. Present Position / Position held last :

(a)	Designation	
(b)	Organization	
(c)	Pay Scale	
(d)	Date of appointment to the present post/post held last	
(e)	Total experience (In years and months)	

3. Educational Qualification:
(In chronological order from latest to Graduation level)

Sl. No	Qualification	University/Board	Year	Subject/ Topic	Percentage Achieved	Distinction etc.
1.						
2.						
3.						
4.						
5.						
6.						

4. Administrative Experience / Post(s) & Responsibilities held:

Sl. No	Post	Organization/ University	Duration		Experience (in Years & Months)
			From (Date)	To (Date)	
1.	Chairman, BoG / Board of Academic Council/EC, etc.				
2.	Member - Board of Studies, Academic Council, Executive Council, BoG, etc.				
3.	Dean / Head of Department				
4.	Member of Professional/ Academic Bodies				
5.	Others (Specify)				
6.					
7.					

5 Academic / Teaching experience and responsibilities (in chronological order from latest to oldest) :

Sl. No	Post	Organization/ University	Duration		Experience (in Years and Months)
			From (Date)	To (Date)	

6. Professional Achievements / key consulting assignments undertaken

Sl. No.	Client/ Organization name	Nature of consultancy /Professional performances	Duration of Consultancy / Professional performances

7. Honours / Awards & Fellowships for outstanding work: National/International

Sl. No.	Name of Award/ Fellowship	Elected/ Honorary Fellow	Awarded by	Year of Award

8. Strengths (in 100 words):

9. Justification of candidature for the post of Students' Ombudsperson

10. Details of Referees, if any:

S. No.	Name of the referees	Post held by Referee	Email	Phone No.	Mobile No

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 declare and fully understand that in the event of any information furnished being found false or incorrect at any stage, my application/ candidature is liable to be summarily rejected at any stage and if I am already appointed, my services are liable to be terminated without any notice from the post of Students' Ombudsperson as per Act/ Statutes etc. and other applicable rules.

Place :

(Signature of the applicant)

Date :

List of Enclosures, Attachments, Credentials etc.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

NOTE:

1. The hard copy of the application should be sent to **"THE REGISTRAR, IIT MADRAS, CHENNAI-600 036"** by post/courier in an envelope superscribed with "Application for the post of Students' Ombudsperson."
2. A soft copy of the application may also be sent to registrar@iitm.ac.in with the subject of the email as ***Application for the post of Students' Ombudsperson***