Leadership for Academicians Program (LEAP), 2019-20, IIT(BHU), Varanasi in collaboration with Foreign Institution

* Required

Basic Details			
1. Name as per Passport *			
2. Surname *			
3. Email ID *			
4. Age - below 58 years as on 31st December of preceding year of the LEAP training. * Mark only one oval. Yes No			
5. Date of Birth *			
Example: December 15, 2012			
6. Gender * Mark only one oval.			
Female			
Male			
7. Whatsapp Enabled Mobile Number *			

Details of Academic and Administrative Experience

10/15/2019

16.	Academic Background in India *	
17.	. Name of Institution *	
18.	s. Is your Institution a Government (Central or State Mark only one oval.) Institution? *
	Yes	
	No	
19.	. If 'No' state type of Institution and funding to Inst	tution. *
20.	. Designation *	
21.	. At least 8 years of Teaching experience in the graph preceding year of the LEAP Training * Mark only one oval.	de of Professor by 31st December of
	Yes	
	No	
22.	. Date of Joining in the designation of Professor *	
	Example: December 15, 2012	
23.	. At least 3 years Administrative experience by 31s Training *	t December of preceding year of the LEAP
	Mark only one oval.	
	Yes	
	No	

	administrative experience (Position-duration) *
At least 30 Mark only o	publications in SCOPUS indexed journals or UGC approved journals * one oval.
Yes	
O No	
List total n	umber of SCOPUS indexed journal or UGC approved journal publications
List total II	umber of 300F03 indexed journal of 000 approved journal publications
Brief note	on your Leadership/Governance Qualities *
	attended LEAP program earlier? *
Mark only o	ine ovai.
Yes	
O No	
If 'Yes', ple	ase share details.

Other relevant information

3	Any other rel	evant info	rmation	
-				
-				

34. Attach Complete CV (PDF File with filename as cv_surname_givenname_mobilenumber) * Files submitted:

Development Program

(Response should be limited to 8000 characters)

35.	35. Brief note on the benefits of your participation in this leadership development program. *						

Official Institutional Recommendation and Support Letter

(Please attach an official Recommendation and Support Letter for your participation in this program signed by competent authority from your institution)

36. Attach PDF with filename as (surname_givenname_mobilenumber) *

Files submitted:

Powered by

