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|  **APPLICATION FORM FOR ADMISSION TO INSTITUTE POSTDOCTORAL FELLOWSHIP PROGRAMME** |

1. **Personal Details**

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| **Full Name** (in Capital)  |  | Affix Photo |
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| **Father’s Name** (in Capital) |  |
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| **Date of Birth** (DD/MM/YYYY) |  | **Category** (SC/ST/OBC/GEN) |  |
| **Gender**(Male/Female) |  | **Marital Status** (Single/Married) |  | **Nationality:** |
| **Communication Address** | **Permanent Address** |
|  |  |
| **Mobile Number** |  | **Email ID** |  |
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1. **Details of Educational/Professional/Technical Qualifications (from Matriculation onward):**

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| **Sr. No.** | **Degree** | **Discipline** | **University/College** | **Regular/****Part time** | **Year** | **%age of Marks** | **Division** |
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1. **PhD Degree Details (attach proofs as enclosures), please give whichever applicable:**
2. **Date of thesis submission:**
	1. Likely date of submission (in case not submitted yet):
3. **Date of thesis defense/completion:**
4. **Title of Thesis:**
5. **Publications and Patents: (*Please attach list of publications, with DOI link for each publication, and patents with full references and reprints bearing serial numbers corresponding with those in the list*)**
6. No. of Papers (i) Published: (ii) Accepted:
7. No. of patents: (i) Filed: (ii) Granted:
8. **Prizes, Honours, Awards, Distinctions, if any:**
9. **ResearchGate or ORCHID Profile ID, if any:**
10. **Fellowships held, if any:**

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| **Name of fellowship** | **Name of the sponsoring agency** | **Date** | **Amount** | **Name of the Host Institute** |
| **From** | **To** |
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1. **Give details of employment, if any**

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| **Sr. No.** | **Name of the Organization** | **Designation** | **Period** | **Nature of Work** |
| **From** | **To** |
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1. **List of Enclosures: (Please tick)**
2. Proof of thesis submission/Defense/Completion:
3. List of Publications with DOI link for each publication:

**DECLARATION**

I hereby declare that I have carefully read the instructions and particulars supplied to me and that the entries made in this application form are correct to the best of my knowledge and belief. If selected for admission, I promise to abide by the rules and discipline of the Institute.

I note that the decision of the Institute is final with regard to selection for admission and assignment to a particular Department and field of study/research. The Institute shall have the right to expel me from the Institute at any time after my admission, provided it is satisfied that I was admitted on false particulars furnished by me or my antecedents prove that my continuance in the Institute is not desirable. I agree that I shall abide by the decision of the Institute, which shall be final.

**Place:**

**Date: Signature of the Candidate**