

INDIAN INSTITUTE OF INFORMATION TECHNOLOGY DESIGN AND MANUFACTURING, KURNOOL

(An Institute of National Importance funded by MHRD, Govt. of India)
Jagannathagattu, Dinnedevarapadu, Kurnool-518007, Andhra Pradesh
Ph: 08518-289-128/114 Fax: 08518-289-127

Bio-data form for PhD Admission

1. Department Applied for						
2. Specialization		Affix				
3. Broad Areas of Research	a).	Photograph with				
	5	light back ground				
	b)	back ground				
	c)					
4. Full name of the Applicant						
5. Name of Father / Husband / Guardian						
6. Address for Communication						
Phone No.	Landline: Mobile:					
Email						
7. Permanent Address						
Phone No.	Landline: Mobile:					
8. Date of Birth (dd/mm/yy)	/ / Age: Y	M				
9. Nationality						
10. Sex	Male / Female/Other					
11.0	GEN / ODG / ODG NG / GG / GE / EWG / DE					
11. Category	GEN / OBC / OBC-NC / SC / ST / EWS / PI)				
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12.	12. Particulars of the GATE Exam		GATE Score/ Rank		Year of qualifying		Department			
13. E	Education	al Qualification	s (Starti	ng with SSLC)					
SI No	Degree	Branch/ Specialization	Institu	tion / Univers	ity	Year Admis		Year o leaving	age /	Regular /Part time/ Distance
4. V	Work Exp	erience in indus	try, if a	ny (in reverse	chro	nologic	cal or	rder)		
SI No	Name o	of the Organizat	ion	Designation held	joi (dd	ning -mm- yy)	le	ate of aving mm-yy)	Duration (yy-mm)	Total Emolumen (per annum)
15. Г	Details of	publications (Jo	ournals,	Conference pa	pers	Book	s, Ar	ticles, etc	c.), if appli	cable

16. State any worth mentioning achievements/awards/medals etc.
17. Any other information you wish to mention:
UNDERTAKING
I hereby declare that I have carefully read and understood the instructions and all information furnished in this form as well as the attached sheets are true and correct to the best of my knowledge and belief. I fully understand that if it is found later that any information given in the application is incorrect / false or if I do not satisfy the eligibility criteria, my candidature / appointment is liable to be cancelled / terminated.
Date: (Signature of Applicant) Place:

Note: Attach all the supporting documents.