



13. Category	GEN / OBC / OBC-NC / SC / ST / EWS / PwD		
14. Particulars of the Qualifying Exam	<b>GATE Score/ Rank</b>	<b>Year of qualifying</b>	<b>Department</b>
	<b>CSIR NET Score/ Rank</b>	<b>Year of qualifying</b>	<b>Department</b>
	<b>NBHM exam</b>	<b>Year of qualifying</b>	<b>Department</b>
	<b>INSIPRE Fellowship</b>	<b>Year of qualifying</b>	<b>Department</b>

15. Payment details

Reference number	
Reference date	
Amount (Rs)	

16. Educational Qualifications (Starting with 10<sup>th</sup> Standard)

SI No	Degree	Branch/ Specialization	Institution / University	Year of Admission	Year of leaving	Percent- age / Grade	Regular /Part time/ Distance

	Title of PG project:
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17. Work Experience in industry, if any (in reverse chronological order)

SI No	Name of the Organization	Designation held	Date of joining (dd-mm-yy)	Date of leaving (dd-mm-yy)	Duration (yy-mm)	Total Emolument (per annum)

18. Details of publications (Journals, Conference papers, Books, Articles, etc.), if applicable

- a) No. of SCI/SCIE/Scopus Journals :
- b) No. of Other Journals :
- c) No. International Conferences :
- d) No. of Other Conferences :
- e) No. of Conference Proceedings :
- f) No. of Book Chapters :
- g) No. of Other Publications (Please Specify) :

19. State any worth mentioning achievements/awards/medals etc.

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20. Any other information you wish to mention:

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21. List of documents in support of claims made in the application

<b>Documents</b>	<b>Attached (Yes/No)</b>
Academic records (Starting with 10th Standard)	
Category certificate(SC/ST/OBC/PH/EWS)	
Proof of qualifying examination (GATE/NET/NBHM/INSPIRE)	
Proof of payment	
Other documents ,if any (Optional)	

#### 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: