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| --- |
| **APPLICATION FORM FOR JRF** |
| **FELLOWSHIP: JRF - DRDO / Own Fellowship** (Tick any one) |

**POST CODE: ……….... & SUBJECT: …….………………………………….………**

Affix a recent passport size photo with self-attestation

1. Name in full in BLOCK letters : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Ms/Mr/Mrs)

2. Father/Husband’s Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Present address for correspondence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Contact Number: Email ID : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residence : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Date of birth and present age : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age as on \_\_\_\_\_Yrs \_\_\_\_\_\_Months

(as on date of Interview) (DD/MM/YYYY)

6. Category (Gen/OBC/SC/ST/PH) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Educational Qualification: (Class Xth onwards only)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **S.N.** | **Class/Degree** | **Board / University with place** | **Month/Year of passing** | **Max. Marks** | **Marks obtained** | **Percentage**  **(%)** |
|  | Xth |  |  |  |  |  |
|  | XIIth |  |  |  |  |  |
|  | B.Sc./B.Tech. |  |  |  |  |  |
|  | M.Sc./M.Tech./M.Pharm |  |  |  |  |  |

8. Work Experience: (Latest First)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Post** | **Name of Organ./ Dept./ Instt.** | **From** | **To** | **Nature of duties performed** | **Reason for Leaving** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

9. Whether Qualified in National Agency Examination ICMR/DST/UGC/CSIR-NET: Yes/ No

10. If yes, Name of National Agency, Passing Year of Examination & Validity: …..…………..

………………………………………………………………………………………………...

11. No. of Publications/Published Work in **SCI Journals**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Separate Annexure as biodata should be attached with application form)**

12. DECLARATION: I hereby declare that, the above furnished particulars are correct and no information is suppressed. If at any time, I am found to have concealed/distorted any information, my fellowship shall be liable for summary termination without notice. I will, if and when required, take up duty in the discharge of Government assignment anywhere in India.

Place:

Date:

(Name /Signature of Applicant)